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THE UNIVERSITY OF ALBERTA

SELF-MUTILATION: A HERMENEUTICAL CASE STUDY

by

KATHARINE ELIZABETH OSCROFT

A THESIS

SUBMITTED TO THE FACULTY OF GRADUATE STUDIES AND RESEARCH

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IN

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DEPARTMENT OF EDUCATIONAL PSYCHOLOGY

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SPRING 1988

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....

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Date: April 16, 1988........

ABSTRACT

The study presents an interpretative account of the self-mutilation of a 16-year-old girl. The methodology and underlying philosophical thrust of the research can be termed hermeneutical. The case materials and diary of this girl were analyzed in order to formulate a description of the experience of mutilating from her point of view and to determine the system of belief and meaning which integrates and supports her need to self-mutilate. The data derived from this analysis are then used to formulate an account that makes sense of her activities from the researcher's vantage point as a systems-oriented therapist. It is argued that she uses self-mutilation as a way of unifying her conflicting needs to act impulsively yet remain in total control.

ACKNOWLEDGEMENTS

> The new psychology of action we propose requires, thus, not just a change of content compared with the old, but a radical new form of thought and mode in investigatory activity. It aims at producing not publicly shared objective knowledge, but intersubjectively shared understandings, not discovered by individuals searching in the world alone, but made and agreed upon by people working in dialogue together. (Shotter, 1975, p. 24)

Thanks:

To my committee, Dr. D.D. Sawatzky (Supervisor), Dr. William Hague, Dr. Harold Garfinkle and Dr. George Pugh for your generosity of time, thought and friendship.

To my husband Ron and children Sasha and Michael for your patience and love.

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I INTRODUCTION

A Preamble: A Short Narrative

Consider for a moment, the following story:

A young girl, age 14, walks into the local corner store and purchases a package of razor blades.

Instead of returning home and throwing her purchase into the bathroom drawer, she walks to a neighborhood park. It is a late fall evening. The cold wind and approaching darkness have emptied the park of its small, noisy, daytime charges.

The girl finds a spot under a tree and sits down. The lower branches hug her shoulders, hiding her presence. She punches her nail through the perforations on the back of the razor blade package, freeing the safety dispenser inside. With equal care, she slides a blade out. Holding it gingerly between her thumb and index finger, she uses her free fingers to fold the sleeve of her jean jacket; once, twice, three times. Her arm outstretched, she pushes the soft, white sleeve of her kangaroo shirt up until it forms a tourniquet at the base of her elbow.

The careful choreography of her movements helps her synchronize the shattered images speeding through her mind. With the first cut, the images freeze. Now she can study them, one by one, carefully analyzing the details.

The pain of the first cut calls forth another. This time deeper. But not too deep. Mustn't lose control. The pain feels good. Like a reward.

The cuts come one after another until her forearm is shredded by a thousand red crossbars. The pain enfolds her, comforts her. The agony lodged in her gut subsides to a glowing emptiness.

She opens the pack of tissues and begins to sop up the blood. Tears come as she surveys the damage. The ember in her gut flares up: Why does this have to feel so good? Why does this have to feel so good?

For three days she plays peekaboo with her wounds, rolling up her sleeves so just a delicate sliver of damage peeks out. No one asks for a closer look. Everyone buys her story about tripping off the curb coming home from school.

In therapy the next week she tells her therapist that sometimes she gets so angry she does 'stupid things'.

B The purpose of this study

This narrative is based on the writings and case material of 16-year-old Terri*, a girl I worked with in therapy for 18 months. For the first eight months of our therapeutic encounter she was mutilating regularly, then, very abruptly, she stopped. However, the scars on her arms bothered me long after her self-assaults had ceased. I needed to make sense of them. My need was a pragmatic one; the need of a therapist to understand a client's message, no matter how ambiguous the language. Her actions spoke volumes, yet like the proverbial stranger in a strange land, I could only guess at what she was trying to say. Her desire to take a razor blade and slice up her arms was, in many ways, beyond my comprehension. I knew that in order to come to an understanding of her actions I would need to reach through the limitations of my own thought into the dark regions of her experience.

The purpose of this thesis is to construct the coherence in what appears, on the surface, to be a senseless action. The methodology and underlying philosophical thrust of my research can be termed hermeneutical. Sullivan (1984, p. 123) defines hermeneutical research as "interpretation of meaning from the actor's point of view." This definition suggests that it is possible for the researcher to enter the subject's world while still respecting the foreignness of the terrain. The researcher, in a sense, becomes a translator:

> The interpreter, like the translator, must capture the sense of his material in and through articulating it in a symbolic framework different from that in which it was originally constituted as meaningful. As a translator must find a common language that presumes the rights of his mother tongue and at the same time respects the foreignness of his text, so too must the interpreter conceptualize his material in such a way that while its

> foreignness is presumed, it is nevertheless brought into intelligible relation with his own life world. In Gadamer's terms, a successful interpretation entails a fusion of horizons. (McCarthy, 1978, p. 173)

To suggest that the purpose of this study is to construct the "sensibility" in Terri's self-mutilative actions is to suggest that her actions are meaningful (i.e. have significance) and are therefore not arbitrary. The notion of meaningful action presupposes a system of signification or rule-generation within the action itself. As Harre and Secord (1972) maintain, actions are mediated by meanings, not responses caused by stimuli.

The difficulties encountered in researching self-mutilation as a meaningful, or symbolic action, are twofold: (a) as an observer I do not have direct unproblematic access to the unambiguous "meaning" of Terri's activities (i.e. her actions are performed in private and self-mutilation is not within my experiential repertoire) and (b) Terri herself does not fully comprehend all the pertinent aspects of her actions. As Foucault (1970, p. 374) states, "...the simple fact remains that it is possible for there to be system (and therefore signification), rule (therefore conflict), and norm (therefore function) in that which lies beyond thought." Access to this region cannot be gained directly. It becomes approachable only through an "exegesis of the hidden" (Freeman, 1985).

Self-mutilation remains very much a mystery. Volumes and volumes have been written on the subject, yet there is little or no agreement as to its etiology, treatment or prevention. The self-mutilator's wounds continue to confront us with the questions: Why would a child do such a thing? What can I, as a therapist, do to help her stop? Finding no suitable answer on the surface, the wounds invite us, plead with us to dig deeper, to explore the ambiguity.

> As Ricoeur suggests, the symbol, with its enigmatic quality, the inexhaustibility of its meaning, does not serve to block understanding, but rather provokes it; it is the very excess of meaning in comparison with the literal expression that puts the interpretation in motion. (Freeman, 1985, p. 302)

To find the coherence in Terri's actions requires a translation from the context of action to the context of language. As Ricoeur (1980) concludes: "There is no symbolism before man speaks, even if the power of the symbol is grounded much deeper. It is in language that the cosmos, desire and the imaginary reach expression, speech is always necessary for the world to be recovered and made hierophany. Likewise, dreams remain closed to us until they have been carried to the level of language through narration (p. 246)." Had Terri not provided me with a written testament of her mutilating experience, the chasm between the meaning inherent in her acts of mutilation, and my ability to reconstruct that meaning in the language of my understanding, could only be crossed on a bridge of theory. However, Terri's account provides a means of viewing the cleft from her perspective.

This thesis presents an interpretative account of one girl's experience of self-mutilation. It is, in a sense, a translation of her actions from the context of her written account of these activities into the language of my understanding as a systems-oriented therapist. While the case study approach is widely used in psychological research, it generally functions to illustrate a previously established set of theoretical constructs, or to verify a hypothesis. My intent is to use case material to generate data relevant to my research questions and then construct an interpretative account that makes sense of this material. In some ways my research methodology reflects the therapeutic methods of the Milan Group's systemic family therapy - circular questioning and hypothesis generation. My aim is not to prove or disprove existing theories, but to offer an interpretative account of heuristic value to researchers and therapists working with self-mutilating children. As the review of the literature indicates, we are still at the stage of theory building rather than theory testing in our understanding of these dramatic, disfiguring actions.

So as George Eliot commented: "The beginning of an acquaintance, whether with persons or things is to get a definite outline of our ignorance."

C Terri

Terri's serious difficulties are reported to have become known to her parents sometime between Grade 6 and 7. Before that time she apparently did very well in school and was at the centre of a large group of friends. However, both she and her parents, report that with onset of menses at age 11, Terri's social skills and academic success declined rapidly.

According to Terri, she began self-mutilating around age eight by banging her head on her bedroom wall. She progressed to sticking pins in her wrists and raking her neck and arms with her fingernails. When she reached late puberty (age 12), her parents sought professional help as a result of her increasing fascination with the topic of suicide. One year later, at her own insistence, she was removed from her home and placed in foster care. The day of her court appearance for permanent guardianship she had, what she refers to as "one of her 'fits'" (self-induced seizures). Emerging from this seizure she alluded, for the first time, to having been sexually abused by her father. The father denied the accusation, passed a police administered lie detector test and charges were never laid. However, Terri became a permanent government ward.

Since that time, Terri has been hospitalized three times for suicide attempts and attended two programs for seriously disturbed adolescents. She has been diagnosed, in various settings, as character-disordered, schizophrenic, narcissistic, borderline personality disordered, and depressed.

I first started working with Terri in an outpatient incest survivors' group. I began seeing her individually when she started showing signs of depression and withdrawal. During the following six weeks she made a suicide attempt (self-poisoning with medication), slashed both arms with razor blades (on several occasions) and regularly raked her vagina and neck with her fingernails. Following an incident in which she stalked a small girl with the intention of sexually abusing the child and then committing suicide, Terri was placed in a secure treatment centre. I continued as her therapist during her nine month stay in this facility. Her self-mutilation continued in a variety of forms including self-induced seizures accompanied by head banging, neck scratching, vaginal scratching severe enough to require medical attention and self-induced vomiting.

Once a week, sometimes twice, I met with this girl in her terrifying world. It was a world constructed of pain, where a look of concern could sever her insides, where inner images of people hugging caused as much agony as images of torture, rape and murder.

During this time she filled scribbler after scribbler with a running monologue reflecting her inner experiencing of her world. Initially this written material was how she could best express herself to me. Terri would write, I would read. The lucid, free-flowing nature of this material was in sharp contradiction to the difficulty she had expressing her thoughts and feelings face-to-face. Talking to her during therapy sessions was akin to carrying on a conversation with someone who was sitting at the bottom of a swimming pool. It was as if she had to resurface from a great depth to formulate a one or two word reply.

The first nine months of therapy with Terri was an exhausting experience, both in therapy, and in the many hours spent in consultation with the multitude of other helping agents involved with her. Her intense need for me, coupled with a despairing ambivalence about who she wanted me to be to her (mother, warden, caretaker, lover, punisher) was suffocating, even frightening at times. Her favorite maneuver during therapy was to move her chair closer and closer until our knees touched. When questioned about her action she would smile slightly, look at me out of the corner of her eye and state "Why, does it frighten you? She often threatened to lock me in the therapy room and one session attempted to block the door with a credenza.

It took enormous emotional and mental energy to maintain my position of therapeutic neutrality and not respond from a gut level to her manipulations and apparent voracious appetite for my company. I was often torn between feelings of anger at being manipulated and helpless pity for her pain and terror.

Given the constant state of crisis during those initial nine months (the ever-present threat of suicide, the constant self-mutilation, as well as the need to confront the issue of whether her plan to sexually abuse a child was a cry for help or the emergence of a true form of pedophilia) little time was left to reflect on or analyze her use of self-mutilation. However, the lengthy writings she left with me, along with the case notes, and extensive psychological and neurological assessment completed shortly after her admission to the secure treatment facility, provide a written trace of her experience of self-mutilation and the reactions of others to these activities. It is these materials which constitute the data for my retrospective analysis of her self-injurious activities.

At the time, I, and the other therapists involved in the case, worked on the premise that if we could get her to articulate her incest experience, she would be able to distance herself from it and begin to gain some control over the devastating hold it appeared to have on her life. Self-mutilation is widely recognized as a behavioral manifestation of sexually-abused children (Lindberg & Distad, 1985). Many victims harbour feelings that it was something bad in them that caused the abuse. Self-mutilation is commonly conceptualized as an attempt to deal with these overwhelming feelings of guilt and shame through self-atonement. We worked on the premise that by tackling the incest issue head on, Terri would be able to put her "guilt" in perspective and that her self-destructive symptoms would disappear.

Although she alluded to the nature of her incestuous experience, she claimed to have blocked most of the details from awareness. She spoke of having strange images in her head of sexual acts with her father (oral sex). However, this was only the tip of the iceberg. Little by little more of the content of her vivid inner imaging process was offered to me for comment and help in controlling. She felt overwhelmed by this inner film noir, unable to control when or where the images appeared. Pictures of herself engaged in sexual acts with children, adults and same age peers of either sex both disturbed and fascinated her. Images of torture, murder, blood, and bestiality were related. Scenes involving acts of kindness or loving-hugs caused her as much pain as those of sadism.

The cruelty and aggressive strivings of her inner world were in stark contrast to her outward presentation. Many of the staff on her locked unit questioned her placement in a secure setting given her generally polite, if somewhat withdrawn, demeanor and responsible attitude in handling life on the unit She had, for example, turned in the razor blades which she had sneaked into the unit on admission and reported another girl's "cheeking" her medication.

Approximately nine months after we began individual therapy sessions, Terri's self-mutilating activities ceased. Her last episode involved a self-induced seizure and neck-scratching. In therapy, two days after this episode, she related an entire incident involving oral sex with her father. As she spoke she entered a self-induced trance state and addressed me as her father. The trance ended when she began gagging and ran from the room to vomit. Following this episode, preparations were made for some family sessions, in which she would be able to face her mother and father with her accusations - an encounter which had not occurred since her initial accusations were made public.

Following her confrontation with her parents, Terri improved dramatically. She fought her secure treatment order in front of a judge and was released into an open setting. She made application and was accepted into an independent living program. Although Terri did not mutilate in the 12 months between her last episode and the completion of this study, there is some evidence that she, on occasion, indulges in binge eating and self-induced vomiting, a phenomenon often found in conjunction with self-mutilating activities.

I continued to see Terri in therapy during her adjustment period to independent living. As I was preparing to write up the findings of my analysis of her writing and case history, her story took another interesting turn. She began to question whether the sexual abuse actually took place or whether she used the story as a way of explaining, to herself, the nature of her terrifying inner imagery.

Whether the incest occurred or not does not change the interpretative account I offer for understanding her self-mutilating activities. I believe that at one time Terri believed the incest to be a fact. In many ways her self-perception, indeed, her whole way of being-in-the-world was constructed on this belief. That she can now contemplate that the incest might not have occurred is a sign that she may be ready to expand her self-construction in a potentially healthy direction. As Keeney (1983) has stated: "Asking what is real in therapy is often irrelevant.....". In other words what a therapist is dealing with how the client is constructing an event rather than the nature of the event itself. Spence (1982) suggests clinical data concerning past events in an individual's life are better conceptualized as "a construction 'creative proposition' rather than as a reconstruction that is supposed to correspond to an actual something in the past" (p. 35). Spence distinguishes between two types of truth - historical and narrative. He contends that, ultimately, historical truths are less important than narrative truths to the individual's self-coherence.

An issue which must be addressed in my analysis of Terri's self-mutilation activities is why a therapeutic intervention focussed on having her articulate and confront her incest experience was effective in resolving her self-injurious behavior, even if the incest never occurred.

D Action as text: Hermeneutics of the symptom

In this study I consider self-mutilation to have a lingual quality. The notion of the symptom as "language through the body" was first introduced by Freud (Devisch, 1985). As Madanes (1981) comments, a concern with the metaphorical or symbolic nature of symptoms has characterized the development of psychoanalysis, psychodynamic theory and therapy, systems-oriented family therapy and theory and Gestalt psychology. Each presents its own understanding of how best to "read" or interpret the symptom. In this research project, my point of entry into this terrain is through the characterization of self-mutilation as a signal symptom. Devereux (1978) suggests that it is through the signal symptom that the disturbed individual alerts society to his abnormal state.

Stein (1986) characterizes the signal symptom not only as a characteristic of the disturbed individual, but more properly as a characteristic of all those who participate in the communication about the symptom and of the process of communication itself (p.197). Signal symptoms signify different things at different times. Gouging out one's eye to stop it from seeing the world signifies something much different than slashing one's wrist to protest the leave of absence of a therapist:

> The signal begins the negotiation of a pact between say, the disturbed individual (or one identified as disturbed, family, social network, community, diagnostician and culture. In signal symptoms, when all is working smoothly, there is a degree of consensus between the participants about what is to be noticed, what is to be ignored, what is to be treated. As a form of communication, a signal symptom defines the universe of the discourse. In summary, a signal symptom is a kind of tacit agreement between the disturbed individual and others about the kind of abnormal state that is present and how it is to be treated.

Stein's generic definition of the signal symptom suggests that the symptom, in this case, self-mutilation, does not have one set meaning or function for its creator, but that both these dimensions change and are negotiated across different contexts and in different relationships. As a result, any interpretation we make of the symptom must be bounded by an awareness of the context in which it is making an appearance. Generalizability will be possible only at the point where we have enough contextual descriptions to begin to identify recursive patterns of a more abstract nature.

How then, do we proceed in forming an interpretation of a signal symptom? Ricoeur's (1981) notion of the textuality of action provides a useful conceptual and methodological starting point. Ricoeur (1981) argues that the meaning of an action, like the meaning of a text, always goes beyond the conscious intentions of the author. He sees action being distanced from the intentions of the actor in three specific ways:

> 1. In the midst of immediate experience an actor does not have full access to the meaning of his or her actions because certain aspects of meaning can only emerge when subsequent events transform and articulate them.
>
> 2. Actions which are meaningful deserve to be called that their importance or significance goes beyond their relevance to the original setting of their production.
>
> 3. The text of action is fundamentally open, capable of being received by not only those initially present - they suffer from the same limitation as the actors themselves - but depending on the manner of its inscription, to a virtually infinite number of potential readers. (Freeman, 1985, p. 307)

As a result, what must be interpreted is what the action says, not what the actor intends by the action. Action not only reflects the meaning intended by the actor, but creates new meaning with each "reading". This is similar to Stein's notion of the signal symptom as having a negotiated meaning. It is the negotiated nature of meaningful action, its very polysemy, as well as the distance between the intentions of the actor and the consequences of his or her action that sets interpretation in motion. If all action was a literal expression of the action's intentions, interpretation would not be necessary.

However, just as a text is a work that is defined by "categories of production and labour" (Ricoeur, 1981, p.136) so too is action defined by categories of composition, genre and style. These categories signify the structure of an action. An action is never a single action, it is always produced in relationship to other actions (composition), it is defined by certain properties which classify it as a specific kind of action (genre) and it reflects the behavioral style of the actor (style). It is these categories of production and style which give rise to the expression of meaning in the action as a whole.

Ricouer emphasizes that the sensibility to be found in an action is constructed in three stages: (a) an explanation of its structural features; (b) an understanding of the meaning of the action for the actor which may be outside of his conscious awareness or masked by the structural features of the action (depth semantics) and finally (c) an appropriation or interpretation which actualizes the meaning of the action for the present "reader".

In presenting this interpretative account, both the structure of Terri's self-mutilating activities and the underlying meaning-construction expressed in her actions will be explored. While the meaning of self-mutilative gestures has received some attention in the literature (de Young, 1982; Simpson, 1977; Shaprio, 1987; Rosenthal,1972), the structural features of these actions have received only a little speculative notice (Ross & McKay, 1979).

Within the context of psychology, accounting for these two levels of description requires opening up a dialogue between two very different ways of researching and conceptualizing human thought and action. The reader of this research project must, in a sense, become bilingual. The repeated gesture of this research project is to open up an exchange between the discourses of people who currently do not speak with each other, yet who need each other. My belief is that any researcher or clinician working with children, adolescents or adults who self-mutilate, needs to be able to think, act and speak in both languages.

The language of systems theory, a language built on structural explanation, does not prepare any clinician for the emotionally charged nature of a therapeutic encounter with an client who self-mutilates in apparent response to an action on the clinician's part. As Minuchin (1987) states:

> The descriptive language of cybernetics is demonstrably poor. Excluded are the

> sweat and tears and pain, the hopes, confusion, ambiguity, boredom, passion, and wariness that characterize human encounters. The world of systems thinking is a world of ideas. Ideas are organized at different levels. They can be reversible. Wrapped in language, they can be manipulated without breaking. They can deal with ideal types, they can conflict and cancel without bloodshed. They exist on inf~~i~~inite axes of time and space. Humans do not. (p.9)

However, the phenomenal world of emotions and meaning does not give the clinician the distance necessary to see the role she or he may be playing in perpetuating the self-mutilator's activities.

The potential in an exchange between these two polemics is not a fusion obliterating all difference and conflict, but a provocative contact which opens each to what is not encompassed by the boundaries of its identity. Ricoeur's hermeneutics stands as a example of how these two distinct approaches to interpretation have been unified in philosophical discourse into a more encompassing approach.

As Laing (1987) states descriptions of structure and description of meaning represent different orders of description. Throughout this thesis, I move back and forth between the level of structure and the level of meaning. However, I will clearly draw the lines of demarcation which separate these two levels of analysis as well as search for a more encompassing account which integrates, or synthesizes them. This, as Taylor (1971) is the aim of a hermeneutical reading of any human action:

> Our aim is to replace this incomplete, partly erroneous self-interpretation (the actor's)by a correct one. And in doing so we look not only to the self-interpretation but to the stream of behavior in which it is set, just as in interpreting a historical document we have to place it in the stream of events which it relates to. But of course the analogy is not exact, for here we are interpreting the interpretation and the stream of behavior in which it is set together, and not just one or the other. (p. 38)

To date, there has been little attempt to distinguish between these two levels of description in the self-mutilation literature. The difficulty with this approach, is that no clear description of either the function or the meaning of self-mutilative acts exists. Without this description it seems difficult, even impossible, to develop a theory of self-mutilation that gives clinicians a clear understanding of what kind of process they are intervening in. I learned from harsh experience with Terri that a self-mutilator deprived of her mutilation activities can become highly suicidal. Larsen (1986) has also noted this same difficulty in dealing with self-mutilative clients. Current theoretical formulations on the etiology of self-injurious behavior (self-blame, guilt, ego reintegration, to name a few) do not provide a particularity good basis for explaining why this might be.

What Simpson pointed out in 1975 continues to be true of research in the area today - most is theory laden: "Few have tried to study the phenomenology of the act of cutting and its concomitants from the patient's experiential view, rather than on the basis of some pre-existing psychodynamic interpretation of her actions." What Simpson states about research on adult self-mutilators is doubly true of research on children who self-injure. The literature on self-mutilation is voluminous. However, as Ross & McKay (1979), suggest, there is little agreement as to the appropriate method of prevention or treatment of self-mutilation or the explanation of such behavior. The first step in sorting out some of this mess seems to me, to be, a return to the basics, to the experts in the field - the mutilators themselves. Ross & McKay found this a useful strategy in their research on "carving" in a girl's residential treatment centre:

> Gradually we learned. We learned by the mistakes we made; we learned by being forced to confront our naivete; we learned from the failure of traditional therapies; we learned from years of frustration; we learned from what our associates viewed as stubborn persistence; we learned through desperation. Mostly we learned by the humility that was forced upon us by the negative outcomes of our finest professional efforts. We learned only after we were willing to concede that we did not understand the girls' behavior, when we suspended our clinical judgment, when we grudgingly allowed the girls to explain their behavior to us, and when we stopped playing expert and allowed ourselves to become students...Not only did the girls teach us how to understand their self-mutilatory behavior, but they also

> led us to the development of an intervention technique which enabled them to eliminate self-mutilation in the institution in the space of a few weeks from the inception of their program. (p.5)

E The research questions and general outline

As mentioned, part of the confusion and inconsistency in the current self-mutilation literature has been the result of researchers moving too quickly to the level of explanation before articulating the phenomenon at the level of description. In this case study I begin at the level of description. In order to achieve a description I ask two questions of the "raw" (Terri's written account of her experience as well as information obtained in therapy) data:

1 What are the dynamics and structure of her mutilation experiences?

2 What is the system of beliefs and meanings which integrate and maintain Terri's self-mutilative actions?

These questions are structured in such a way as to elicit answers that address "what" rather than "why". They are not intended to evoke answers at the etiological level, but at the descriptive level. However, as Laing (1987) states:

> What we take anything to be profoundly affects how we go about describing it, and how we describe something profoundly affects how we go about explaining, accounting for, or understand what we are, in a sense, defining by our description. (p. 204)

The descriptions obtained then become the data for a reformulation of Terri's actions in the language of my psychological understanding. The process description is analyzed through systems theory concepts, while the meaning construction themes are discussed in terms of current understanding of the nature of consciousness.

Finally, these two levels of analysis are integrated into an interpretative account of Terri's self-mutilative activities. This account is arrived at by asking a third question: How do these two ways of analyzing Terri's activities fit together to provide coherent account of her actions?

The three questions asked in this study are ordered to reflect progressively more abstract (conceptual) levels of understanding without losing the basic practical, contextual nature of a hermeneutical study. As Packer (1985) maintains:

> In contrast to both formal structures and causal laws, the hermeneutical approach seeks to elucidate and make explicit our practical understanding of human actions by providing an interpretation of them. It is a historically situated approach, regrading explanation as first and

> foremost the giving of an account that is sensible in the way it addresses current interests and concerns not a search for timeless and ahistorical laws and formal structures. (p. 1088)

A map through my research process is provided in Chapter III. Chapter II presents a summary of the literature which I relied on as I searched for a way of conceptualizing my initial analysis of her writings and my case notes. Chapter IV presents a summary and discussion of the meaning-construction themes presented in her writing as well as three descriptive summaries of her mutilating experiences. In Chapter V I offer an approach to integrating these two levels of description and make suggestions concerning the implications of this research for clinical practice.

II Review of Literature

Introduction: The larger picture

Self-mutilation is most commonly defined in the literature as "measures carried out by the individual, upon himself, which tend to cut off, to remove, to maim, to destroy, to render imperfect, some part of the body" (Picker, 1979). This particular definition provides a rather sterilized version of reality. As Ross and McKay (1979, p. 10) comment, the list of ways in which humans have contrived to physically injure or damage their bodies gives testimony to their ingenuity, if not their perversity.

> The methods used by self-mutilators are as varied as the forms that their bodily injury has taken. They have cut themselves with knives, razors, scissors, lightbulbs, nails and a variety of other objects. They have swallowed glass, bleach, stones, needles, solvents, lighter fluid, nails, wires, spoons and knives. They have slapped, punched, and kicked themselves and beat, pounded and hurled their bodies against objects. They have poked their eyes, stuck fingers in doors, and deliberately fallen down stairs. They have induced seizures. Innumberable objects such as needles and pins, paper clips, nails, combs and knives have been inserted under the skin or in bodily orifices. Self-mutilators have walked on hot coals and on glass and have burned themselves with matches and cigarettes and stuck their fingers into electric outlets. They have deliberately refused or interfered with essential medical treatment, refused to eat, removed sutures, and destroyed plaster casts protecting limbs. Some enterprising

> self-mutilators have given themselves frostbite by urinating on their toes and then deliberately putting their feet out of windows in below-zero weather. There have been recent case report of self-trepanning in which the mutilator used an electric drill to open a hole in her head...
> (p. 12)

I have included this quote, at length, in order to place Terri's self-mutilation within the broader spectrum of such activities. According to Ross and McKay, cutting (or slicing) and head banging are among the two most common forms of self-mutilation.

Several authors suggest that self-mutilation is not an uncommon occurrence (Picker, 1979; Simpson, 1975; McKay and Ross, 1979) in any number of institutional settings including correctional facilities, detention centres, receiving homes, group homes, university residences, infant day care centres, facilities for senior citizens and homes for retarded and autistic children. Nor is it a phenomenon associated only with institutional life. Outpatient clinics, emergency rooms, private practice psychiatrists, psychologists and doctors all report that incidents of self-mutilation in their clientele are "quite common", "frequent", and "well-known". Empirical support for these claims is difficult to obtain, however, the few epidemiological studies focussing on self-injury have demonstrated incidence rates as high as 1,400 cases per annum per 100,000 population (Whitehead and Ferrence, 1973).

The literature on self-mutilation is voluminous. The explanations for this behavior are as numerous as the studies. Ross and McKay suggest this is partially attributable to the fact that self-mutilation comes under the purview of many disciplines which approach it from radically different perspectives, and partially a result of the broad spectrum of behavior covered by the term:

> ...self-mutilation encompasses a wide variety of topographically distinct behaviors performed by heterogeneous populations in an equally varied number of settings employing diverse methods of injuring themselves and apparently for many different reasons. (p. 12)

In this review of the literature I will focus mainly on findings from clinical (psychological and psychiatric) investigations. Outside of research on retarded or autistic populations, very little study has focussed directly on the phenomenon of self-mutilation in children and adolescents. As a result, research on adult populations will also be included.

I will concentrate on the three aspects of the literature most relevant to my study: the major theoretical perspectives through which self-mutilation has been analyzed; common characteristics of self-cutters and their experience of slashing; and common explanations for self-injurious actions.

B The theoretical perspective

Three main theoretical perspectives have been used to explain psychopathological self-mutilation in children and adolescents: behaviorist, psychoanalytic and psychodynamic.

Behaviorist interpretations

Although the behaviorist interpretation of self-mutilating behaviors in children has been traditionally associated with research on severely retarded or psychotic youngsters in extended care situations, some of the findings have implications pertinent outside of these settings. Skinner (Picker, 1979) provided the first behaviorist interpretation. He postulated that self-injuries are often followed by adult attention which is positively reinforcing. He considered the behavior to be a learned response that came about through the accidental pairing of self-injury and adult response. He also saw it as an escape or avoidance response. By self-injuring, the child could avoid or alter an unpleasant situation. Lovas (Picker, 1979) noting that self-injury was often performed in private with no adult awareness, speculated that the activity itself was somehow self-rewarding. Frankel and Simmons (Picker, 1979), noting the poor verbal skills of many self-mutilating children, suggested that the activity was a form of communication. They further speculated that it could indicate a need to be alone as well as a need for social contact and called this dynamic the "self-destructive paradox".

Psychoanalytic perspective

Freud's theory on the psychosexual development of children and his belief that the hysterical symptoms in his patients reflected unresolved sexual fantasies has guided the psychoanalytic interpretation of self-mutilation, in particular wrist-slashing and genital mutilation.

Many early psychoanalytic theorists consider self-cutting to be a manifestation of the Female Castration Complex outlined by Abraham (1922). Rado (1933) refers to self-cutting as representing a symbolic castration in order to avoid real castration. Menninger (1935) stands as one of the most influential psychoanalytic thinkers on the subject. He viewed self-mutilation as a non-fatal demonstration of the death wish, an attack on part of the body that substitutes for the whole. (Even in current literature self-mutilation is often subsumed under the rubric of suicide.) Menninger posited that every act of self-mutilation contains three essential elements: aggression toward the introjected form of an external love-hate object (usually the parent); a stimulation quality which may have either a sexual or physical intent; and a punitive function that allows the individual to atone for an earlier aggressive or sexual sin (feelings of aggression or sexual urge towards the father.) He considered the act to be paradoxically self-healing in its intent, designed to avert total destruction. Brenman (1952), following

Mahler's work on the masochistic structure of the female personality, describes self-mutilation as one manifestation of a decompensating masochistic character. Phillips and Alkan (1961) emphasize the interpersonal adaptive aspects of self-cutting. These authors, along with Brenman (1952), Freeman (1958), were the first to emphasize that the symptom can be used as emotional blackmail by the mutilator and that it appears to bring about a certain reconstitution of ego functions. Both these themes have been explored more fully by psychodynamic theorists.

Early researchers based their theories on reports of individual patients. It was not until Offer and Braglow (1960) that self-mutilation (in particular self-slicing) was recognized as a widespread phenomenon among hospitalized adolescent psychiatric patients. Graff and Mallin (1967) made the first attempt to define wrist-slashing as a syndrome. Grunebaum and Klerman (1967) note the open display of sexuality and aggression displayed by parents towards their wrist-slashing children. Novotny (1972), in a study of the slashers he had treated during a five year period, posits that cutting symbolizes a phallic conflict.

Rosenthal et al (1972) consider the slashing gesture a way for the mutilator to solving "menstrual conflict". These researchers note that their mutilatoring group displayed several characteristics which distinguished them from a suicidal control group. Most of the slashers had been hospitalized for serious injury before the age of four (fractures, cuts and internal injuries) and all had marked difficulty with menarche and menses (many reported an early history of other forms of self-mutilation, however all had begun cutting at the onset of menstruation). Other defining characteristics included, promiscuity, drug and alcohol abuse, chronic feelings of emptiness, eating disorders, and states of intense depersonalization which were brought to an end by cutting. I mention this study at length as the portrait of the self-slasher which it paints is common in subsequent research.

Psychodynamic understanding

Many of the studies concerning self-mutilation approach the topic from an object-relations or psychodynamic viewpoint, particularity in connection with the Borderline Personality Disorder. Terri fulfills the DSM III criteria for Borderline Personality Disorder. At the time she started individual treatment she exhibited all of the traits cited as diagnostic of the disorder: impulsiveness; unstable, intense interpersonal relationships; inappropriate and poorly controlled anger; identity disturbance; affective instability; intolerance of being alone; physically self-damaging acts; and chronic feelings of emptiness and boredom. These had been enduring traits that severely impaired her ability to function in social, academic and work settings. Given the applicability of this diagnosis to Terri, I will briefly outline the three major theories on the etiology of this disorder before discussing the literature on self-mutilation in this population.

The Borderline Personality Disorder first appeared as a DSM category in the DSM III (1980). The eight diagnostic criteria are the same for children as for adults. The definition of what exactly is meant by the term borderline is somewhat elusive. As Ekstein (1981, p. 203) says: "I can recognize a borderline child as surely as any experienced clinician and I can offer clinical reasons to justify my recognition, but when I am asked to define what I mean by borderline, I become curiously uncertain."

Anthony (1981) describes this same frustration:

> So what can one say about a child who is never the same child; who goes his own peculiar way irrespective of circumstances; who lags behind in some ways and seems forward in others; whose behavior is marked by fluctuations; who does not know how to deal with people either inside or outside him; and who apparently experiences the universe in a Pascalian-Kierkegaardian manner, as remote, terrifying and inexplicable (p.195).

Kernberg (1975) sees the borderline as having difficulty synthesizing good and bad into coherent self and other images. Introjection is defined by Kernberg as the earliest most primitive and basic level in the organization of internalization processes. It is the reproduction and fixation of an interaction with the environment by means of an organized cluster of memory traces containing at least three components: the image of an object; the image of the self in interaction with that object; and the affective coloring of both the object image and the self image under the influence of the drive representative present at the time of the interaction. Kernberg suggests that the child may either be born with an inability to tolerate feelings of anger towards a loved one, or may develop unusually intense aggressive impulses and feelings due to excessive frustration of instinctual needs and wishes by early caretakers. In either case the child has difficulty integrating a realistic picture of his or her feelings of anger and feelings of love towards the self or others into a single gestalt. The anxiety arising from any attempt to do so is overwhelming. According to Kernberg, the child relies on a variety of defenses to fight this anxiety including splitting, primitive idealization, projection, projective identification, denial, omnipotence and devaluation.

> In concrete terms, the infant can protect the internalized good mother by using primitive defenses to avoid the recognition that this mother is the same as the dangerous, frustrating bad mother. According to Kernberg, this process is active, requiring psychic energy to keep apart contradictory images in the attempt to master a seemingly unresolvable conflict. (Gunderson and Waldinger, 1987, p. 9)

Many authors (Buie and Adler, 1982; Giovacchini, 1979) see deficit rather than conflict at the heart of borderline psychopathology. Giovacchini sees the borderline as not being gratified early in life and thus as incapable of forming stable mental representations of helpful experiences to rely on during times of stress and uncertainty. Buie and Adler, along similar lines, suggest that "not good enough" mothering during separation and individuation stages leaves the borderline without soothing introjects to evoke independently during times of stress.

Masterson (1972) also sees borderline psychopathology as rooted in specific mother-child interactions during the separation individuation phase of infancy. He further states that every mother of a borderline child is herself a borderline, a statement which has come under criticism (Gunderson and Waldinger, 1987). As a result of her own difficulties with separation, the mother is unable to tolerate her child's exploratory ventures into the world and threatens to withdraw her love and support if the child continues these ventures. The child is then faced with solving a conflict between his or her natural striving for autonomy, and need for mother's love and support. The child thus resorts to the use of primitive defenses such as splitting, denial, avoidance, projection and acting-out in order to preserve the illusion of symbiotic union with the mother. As well, the child internalizes two separate images of the mother and self - one which is all good and one which is all bad (Gunderson and Waldinger, 1987).

As Horner (1985) suggests, many of the object relations theories concerning the psychic life of infants are questionable in light of the fact that they are empirically untestable and are based on backwards projections of observations of adult borderlines. As Spence (1982) points out, there are essential methodological flaws in deriving views of infancy from observations of the functioning of older children or adults. However, I present these theories as they form the basis for much of the research on the self-mutilative acts of borderline children and adolescents.

Simpson (1975), using Masterson's notion that borderline pathology follows from an arrest of development of object relations at the stage of separation-individuation, suggests that the blood functions as a transitional object (Winnicott,1953).

> Blood is a permanently available, efficiently stored and readily released, transitional object used by those borderline patients who cut themselves. It is a hidden, potential security blanket carried about within oneself; capable of comforting, warm, brilliant envelopment. (Simpson, p.46)

Kafka (1969) emphasizes that the self-mutilator's use of her or his body as a transitional object may be related to an underdeveloped sense of body boundaries and image. He suggests that self-mutilators are dealing with limits;

of the body of personal power and aggression, and of their capacity to feel and suffer. They are, according to Kafka, "still exploring and problem of being a unitary self, contained within the limiting membrane of one skin, with an inside and an outside and a reliable distinction between self and not self" (p. 212).

According to Miller and Bashkin (1974) slicing provides a means for the self-mutilator to end the state of depersonalization which is often described as preceding slashing. These theorists maintain that repeated episodes of depersonalization are frightening for the borderline who feels his or her hold on reality is tenuous at best. The scars provide a constant reminder to the mutilator that he or she is alive and has suffered: "he has preserved in the flesh the history of events he could not integrate into the fabric of his personality" (p. 648).

The psychodynamic theorists were the first to note the consistency of a history of physical (Green, 1969) or sexual (de Young, 1982) abuse in the lives of self-mutilating children and adolescents. An overlap between bulimia, self-mutilation and an early history of physical and sexual abuse has also been noted. As Shapiro (1987) points out, there are many similarities between symptoms that surface in victims of sexual abuse (lack of trust, self-destructive behaviors, depression, splitting of good vs bad feelings toward parent figures) and symptoms seen in adolescent girls diagnosed as borderline personality disordered. Other authors (Amanat, 1979) have noted the high frequency of borderline symptomology in all members of families in treatment for intrafamilial sexual abuse.

C Common characteristics of slashers and their mutilating experiences

Relatively few studies have attempted to determine characteristics which might be common among slashers in terms of personality profiles or family history. As well, there have been few studies which explore the phenomenology of mutilation in order to identify common experiential components. Simpson (1975) compared a group of 24 suicidal self-poisoners with 24 nonsuicidal wrist slashers His findings were remarkably similar to those of Rosenthal (1972) which have been discussed previously. All the self-mutilators met the diagnostic criteria for borderline, whereas none of the self-poisoners were thus diagnosed. The self-mutilating group reported periods of compulsive overeating, severe anorexia or both; a high proportion used drugs or alcohol to excess; all experienced a sexual disturbance (promiscuity) which interfered with their normal social functioning; a confusion of sexual identity and unhappy sex lives; a negative reaction to menarche; and a statistically significant number came from homes marked by divorce or death, or gross parental deprivation and abuse. A significant number had also been hospitalized for unspecified injuries before the age of five and many before the age of 6 months. Cutters were also found to experience substantial difficulty in verbalizing their emotions and needs compared to the suicidal group. Finally, the cutters displayed a tendency towards absconding from the hospital setting.

Carroll et al (1980) compared a group of 14 self-mutilating patients with 14 nonsuicidal control subjects in order to explore aspects of the mutilators early family history. Significant differences were found for self-mutilators on the following variables: major separations before age 10, domestic violence, physical abuse, lack of maternal touching and attention, and intolerance for expressions of anger by child family members.

Simpson and Porter (1981) interviewed 20 hospitalized adolescent mutilators (predominantly slashers, some burners). Common characteristics included: cycles of bulimia; alcohol and drug abuse; physical abuse; overwhelming feelings of having been abandoned by parental figures and feelings of guilt and responsibility for causing the separations. Two irrationally believed they had killed their fathers.

It is interesting how many of the themes which appear in these studies are present in some form in Terri's case. Difficulties with menstruation, bouts of bulimia, confusion over sexual identity (she is extremely concerned she is homosexual or pedophilic), extreme difficulty in verbalizing her thoughts and feelings and a history of absconding from hospital settings can all be traced in Terri's history. Her early family life was marked by physical violence and continual marital discord between her parents. Terri feels completely abandoned by her mother, whom she accuses of having ignored her screams for help when she was being sexually assaulted by her father.

Simpson (1975) provides one of the only phenomenological accounts of his patients' experience of self-mutilation which he describes as forming an almost stereotyped, typical sequence of events:

> Major precipitating factors often included the experience of loss or abandonment (or rejection), the loss of an important figure or an impasse in interpersonal relations. The patient feels depressed, frustrated, angry and tense, and wants to express the extent and nature of her feelings, but cannot do so in words. Tension becomes the predominant affect, she begins to plan a cut, and may seek solitude to accomplish this. As the increasing tension becomes unbearable, a transition to a state of depersonalization occurs; the new state being described as numb, empty and unreal. She becomes more isolated, self-absorbed and dissociated and suddenly cuts. (1975, p. 43)

Simpson's subjects describe experiencing the act as therapeutic in that it provides a direct and reasonably reliable way of ending the state of depersonalization. Frank suicidal ideation is not active and in several ways the act appears to be an anti-suicide - a deliberate technique for returning from a state of dead unreality to reality and life (Simpson, p.44). Many attribute a special function to the bleeding and of being able to see their "insides". Many describe being able to stop cutting only when they had "enough blood".

Most describe feeling no pain during the act of cutting. This is a common clinical finding (Simpson and Porter, 1981; Carroll et al, 1980; Ross and McKay, 1979; Rosenthal et al, 1978), and one which has generated much theoretical speculation.

D Explanations of self-mutilation

Following an extensive review of the literature Ross & Mckay (1979) place the explanations for self-mutilative behavior into 23 general categories. I will present a brief summary of some of their findings:

Ritual and symbolism

Many self-mutilating individuals explain their behavior in language laden with religious overtones and symbolism. These explanations range from the flip comment "the devil made me do it" to "God told me last night that I must be punished for my sins". There is often a magical thinking in the cognitive processes of self-mutilators. Some not only attempt to atone for guilt through self-punishment, but also attribute magical or supernatural powers to their acts. The analysis of Terri's writings reveals some of this kind of thinking.

Psychobiological determinants

Self-mutilation is characteristic of two genetic disorders, the de Lange and Lesch Nyhan syndromes. This has led several researchers to search for genetic determinants in other forms of self-mutilation. Some researchers have noted the high incidence of neurological impairment attributable to genetic or developmental defect in some populations of self-mutilators, for example the habitually violent inmates in a California prison (Bach-Y-Rita, 1974). At age 13. Terri suffered a late onset of epilepsy. It is equally as possible that her head-banging activities caused a minor amount of brain damage as it is that her neurological condition led to self-mutilation.

The possibility of a congenital agnosia to pain has been investigated in a number of self-mutilating patients. However, as Terri's case suggests, not all self-mutilation is pain free.

Sex

Psychosexual confusion is seen as the motivation base for many acts of self-mutilation. Acts of genital mutilation (auto-castration, insertion of mutilative objects into the vagina etc.) and autosexual masochistic acts (restriction of oxygen supply to increase sexual arousal during masturbation) have all been explained by sexual conflict. According to Freudian psychoanalytic theorizing, many parts of the body can stand symbolically for the genitals. This has led researchers to suggest that acts of self-mutilation all contain a sexual element. Mintz (1964), for instance, suggests that a 37-year-old man who fried and ate the fingers on one hand reflects the gratification of forbidden homosexual impulses.

Archaic biological reflexes

Both psychoanalytic (Fenichel, 1945) and behaviorist (Skinner, 1953) theorists suggest that self-mutilatory behavior can be explained by an archaic biological reflex akin to that found in animals trying to escape from traps. Both conclude that this behavior has an adaptive or protective function for the mutilator. Skinner suggests that "organisms" might deliberately expose themselves to aversive stimulation if, by doing so, they avoid even more aversive consequences.

Death Wish

Some psychoanalytic investigators (Ferenczi, 1956) interpret self-injurious behavior as a symbolized death wish or a reaction formation against a death wish. As in Terri's case, it is often difficult to establish whether the mutilator actually intended to suicide or to self-abuse.

Regression

Given the egocentric nature of many self-mutilators, as well as their inability to delay gratification of their needs, need for attention and preoccupation with their bodies and bodily processes, some psychoanalytic and psychodynamic writers have interpreted the phenomenon as representing a regression to a primitive or preoedipal infantile state.

Existential statement

Many self-mutilators report that in the period before they slash (or burn, or slam) that they feel dead or empty; that they are devoid of feeling, unreal, unable to distinguish themselves from their environment and are unaware or unsure of the existence of their bodies.

This state of depersonalization, or being dissolved, of losing one's identity, has been of particular interest to psychodynamically-oriented researchers. Asch (1971) calls an inpatient group of adolescent female wrist-slashers the "as-if girls." He describes these girls as being emotionally labile, yet having little valid affect. The adolescents describe themselves as feeling hopeless, empty, dead or bored. Asch notes that they are narcissistic but have only a vague perception of themselves. When they feel they are being rejected they become overwhelmed by rage, and depersonalize. The sight of their blood relieves the terrifying fear brought on in depersonalization of being unable to differentiate between self and environment.

Several authors (Bach-y-Rita, 1974), have noted that the assumption that depersonalization is a causative factor in self-mutilation is consistent with the generally accepted conclusion that self-mutilation often occurs without pain. Ross and McKay suggest that the depersonalization may represent an altered state of consciousness in which the perception of pain is considerably reduced. Most patients report the absence of pain during the act, but many do experience pain immediately following.

The notion of depersonalization will be further discussed in my analysis of Terri's description of her state during her self-mutilation episodes.

Plea for help

Self-mutilation has been interpreted as an indirect way for the mutilator to communicate that he or she needs help - either in ending an abusive relationship (de Young, 1982; Simpson and Porter, 1981), or in dealing with an overwhelming amount of psychic pain.

Manipulation

Ross and McKay suggest that some acts of self-mutilation are rather perverse strategies by which the individual manipulates people into satisfying his or her wishes. "The adept mutilator, through behavior or threats, can literally control the resources of institutions or social agencies or families or any individual with a modicum of humanity. It is, in an important way, a highly adaptive behavior" (p. 57).

Risk taking

Some mutilators seem to commit their acts for the "thrill of it", to enjoy the risk of wagering their lives against the pleasure incurred during the act. Self-strangulation to increase sexual arousal is an example of this risk-taking.

Attention seeking

Self-mutilation is a singularly effective way of gaining attention. As Ross and McKay suggest, even the best trained staff are usually unable to avoid responding to the mutilator whether to comfort or reprimand. According to Ross and McKay, this is the most prevalent explanation of self-mutilation in studies conducted in institutional settings. Terri's "fits" in her secure treatment unit were interpreted in this way by many staff who noted that they occurred only when staff members she liked and trusted were on duty.

Iatrogenic

Most reports on self-mutilation stress the importance of rejection or separation of parents or loved ones as immediate precursors of self-mutilation. The perceived rejection or departure of a therapist appears to have the same triggering effect in a number of cases (Gunderson and Waldinger, 1987). Occurrence records gathered in institutional settings suggest that self-mutilating acts often occur immediately following therapy sessions. Ross and McKay suggest that some mutilators may use the behavior as a way of maintaining their patient-therapist relationship or to get continued special attention from the therapist. Others may mutilate when they cannot deal with the emotions triggered by therapy.

Retaliation

Self-mutilation can be a highly effective means of playing on the guilt feelings of the person whom the mutilator feels hurt by.

Frustration

Many acts of self-mutilation may be triggered in response to environment restrictions and frustration. The self-abusive acts provide safe way of venting frustration in a violent home where outbursts of anger are severely punished or in institutional situations were verbal or physical attacks on staff members would result in dire consequences.

Contagion/coercion/conformity

The epidemic quality of self-mutilation in institutional settings (and within the general population), has been noted by many researchers. Self-mutilation is often one sign of belonging to the counter-culture within institutions, for instance tatoos on inmates. Ritual mutilations are often required in order for new residents to gain access into the group.

Depression

Depression is among the most common of motives listed by patients to explain their acts, however the instrumental value of these acts for the depressed person has not been well explored. Rosenthal et al (1972) suggest that by mutilating, the patient counteracts the feeling of being overwhelmed. The mutilation enables the slasher to once again feel in control of her life and body.

Tension relief

Many mutilators describe experiencing a building of tension immediately preceding their acts. The act of mutilation is described as an enjoyable, exquisite experience which brings peace and relaxation.

Escape

This is a general category which covers everything from female genital mutilation as a means of avoiding sexual activity to shooting oneself to avoid military service. Many psychiatric patients describe wanting to escape from troubling hallucinations by plucking out eyes or damaging their inner ears.

Drug-related

Alcohol, LSD, marijuana, angel dust, nasal inhalers and many other drugs have been implicated as inducing self-mutilative frames of mind.

Deprivation

There is some evidence to support the view that perceptual or social deprivation in early childhood may be a precursor of self-mutilatory behavior in later life. Simpson and Porter (1981) suggest that abused children may learn to physically stimulate and care for the "self" by injuring the "self".

E The relevance of the research questions

As can be seen from this brief review of the literature, a startling array of explanations, theories and hypothetical constructs have been offered for self-mutilatory behavior. The act of self-mutilation in non-psychotic clients confronts the psychological researcher with what Foucault calls (1975, p. xv) the "stark impossibility of thinking that". In other words it confronts the researcher with the limitations of his or her own thought processes and the theoretical underpinnings of his or her education and professional inclinations.

While our understanding of the phenomenology and perceptual process in psychosis may help us make some sense of the more bizarre forms of self-mutilation, it is more difficult to confront those gestures which arise out of a system of thought which, by surface appearances, seems quite similar to our own. There is a certain comfort in being able to view self-mutilation in schizophrenics as being a part of the disease process. This somehow places their actions outside of normal conscious control. However, this zone of comfort is not available to the investigator of self-mutilation in non-psychotics. What I am approaching here is what Davis-Roberts (1985) calls "consciousness in extremity". As the review of the literature shows, this is virgin territory in terms of understanding these acts from the point of view of the mutilator. It is this territory that my research questions set out to explore.

2

III Methodology

A The nature of hermeneutic interpretation

> One of the persistent problems of interpretative approaches is their tendency to resist, or to be permitted to resist, conceptual articulation and thus to escape systematic modes of assessment. (Sullivan, 1980, p. 47)

The first task of this chapter is to clarify the meaning of the statement: "the methodology and underlying philosophical thrust of this thesis can be termed hermeneutical". As the introductory quote from Sullivan suggests, this is not a straight forward task. Following a general discussion of the nature of hermeneutical philosophy and methodology in the human sciences, I will provide an outline of the specific way in which it was used in my research for this study.

Hermeneutics can loosely be defined as the theory or philosophy of the interpretation of meaning. It has recently emerged as the central topic in the philosophy of the social sciences, art, language and literary criticism. As defined by Ricouer (1981, p. 43): "Hermeneutics is the theory of the operations of understanding in their relation to the interpretations of texts". (He has extended this definition to include text analogues such as human action, community, culture.) The central problem of contemporary hermeneutics is, therefore, that of the relationship between the interpreter and the interpreted. As Bleicher (1980) states it:

> The realization that human expressions contain a meaningful component, which has to be recognized as such by a subject and transposed into his own system of values and meanings, has given rise to the 'the problem of hermeneutics': how this process is possible and how to render accounts of subjectively intended meaning objective in the face of the fact that they are mediated by the interpreter's own subjectivity. (p. 1)

According to Palmer (1969), contemporary hermeneutics is polarized into two conflicting camps: those who would restrict the field to the generation of methodological principles underlying interpretation leading to an objective "true" account of the author's intended message (Schleiermacher, Dilthey, Betti) and those who see hermeneutics as a philosophical exploration of the nature of understanding, and emphasize the role of the interpreter in the co-creation rather than the re-creation of meaning (Heidegger, Gadamer, Ricoeur). This has come to be referred to as the explanation versus understanding debate. Drawing on the "understanding side" of the debate, recent writers (Honey, 1987; Freeman, 1985; Packer, 1985) have explored hermeneutics as an approach for psychological research and as a paradigm for psychology as a "self-consciously interpretative" discipline (Sullivan, 1980). In particular Heidegger's philosophical exploration of the ontology of human Dasein, or the pre-conditions of human understanding have become popular in phenomenological research approaches. Gadamer's notion of research as a dialogue or fusion of horizons and Ricoeur's conceptualization of human action as text have been incorporated into more hermeneutical-interpretative research. Phenomenology and hermeneutical-interpretative approaches differ in significant ways. In phenomenological research the emphasis is on arriving at a description of the "lived-experience" of a phenomenon from the subjects' viewpoint. The process is one of "peeling away layers in order to arrive at, unfold, discover the essential or the universal" (Bain, 1987) in the subjects' descriptions of their experience. As Polkinghorne (1975), points out, the term "phenomenological" is often misused in psychological research to describe any methodology which attempts to see things from the actor's point of view. However, the "true" subject of phenomenological research is the study of consciousness and the structures and patterns of the modes and objects of experience Polkinghorne (1975).

> Phenomenology is the study of the structure, and the variations of structure of the consciousness to which any thing, event, or person appears. It is interested in elucidating both that which appears and the manner in which it appears, as well as the overall structure that relates the "that which" with its mode or manner. (Giorgi, 1975, p. 83)

The methodological tool of phenomenology is the self-reflexive consciousness of the researcher. The researcher is encouraged to examine his or her own presuppositions in relation to the phenomena under exploration and then "bracket" or suspend these presuppositions in order to come to an understanding of the essence of what is being described (Giorgi, 1975). However, it is the researcher's own experience in the world which provides him or her with an understanding of what is being studied:

> Because the data which are being sought are experiential and within one's own consciousness, the most direct source of descriptive examples in one's own encounter of the world. The data is thus directly accessible, and the researcher can experience the remembrances and imagined events in their fullness, without the intervention and limitations which occur when experience is relayed through the medium of written or spoken language. The process of communicating to another what is experienced reduces the fullness of direct experience. The experience itself -- *which is the data sought* in phenomenological research -- precedes its verbal or written communication and is far richer in content. (Polkinghorne, 1975, p. 13)

Within philosophy, hermeneutics is one of the methodological reactions to phenomenology, in particular to Husserl's notion of the meaning-giving transcendental subject (Dreyfus and Rabinow, 1983). Hermeneutics suggests that there are many forms of human experience and expression for which the meaning is not directly accessible through pure reflection. As Ricoeur (1974) writes, "There is no direct apprehension of the self by the self, no internal apperception or appropriation of the self's desire to exist through the short cut of consciousness, but only through the long road of the interpretation of signs" (p. 170).

Hermeneutic-interpretative approaches emphasize that it is in language that humans come to know the meaning of their experience of in the world. Language not only reflects human experience, but interprets it. As Ricouer puts it: "What we call the symbolic function of language is a kind of balance between a process of difference, which separates the world of signs from the world of things, and a process of reference, which "pours back" language into the universe (1971). Language, on one hand, separates us from a direct knowledge of the world while on the other connects us to a multiplicity of "worlds" through the creation and apprehension of meaning. Hermeneutical research aims at exploring human ontology as the creation of meaning in and through language and other human sign systems. As Palmer (1969) states:

> One is not so much a knower as an experiencer; the encounter is not a conceptual grasping of something but an event in which a world opens itself up to one. Insofar as each interpreter stands in a new horizon, the event that comes to language in the hermeneutical experience is something new that emerges, something that did not exist before. In this event, grounded in linguisticality and made possible by the dialectical encounter with the meaning of the transmitted text, the hermeneutical experience finds its fulfillment. (p. 209)

According to Ricoeur and others (Sullivan, 1984; MacMurray, 1961) all meaningful human acts are communicative acts, that is, they acquire meaning as a result of the interaction between people. The meaning is not the sole possession of either party but a co-creation embedded in their interaction. In hermeneutical-interpretative research, the unit of analysis is this interaction. As Sullivan (1980) states:

> A hermeneutical perspective also assumes that expressions are made by human subjects, who are agents and who have intentions. Thus , human subjects intend meanings, but meaning exists between human subjects. Even though there are individual subjects intending meanings for their expressions, either consciously or unconsciously, the basic unit of analysis is the community (i.e. I-thou), wherein these expressions also become expressions for interpreters to come to understand. (p. 53)

The I-thou relationship is one based on a dialect of distance and relation. In initial encounters the chasm between the subject and the interpreter is quite wide. The interpreter's understanding is limited by his or her own "horizon" (Gadamer, 1975) - that is, the background of practices (bodily, personal, cultural, professional) through which he or she constructs the world. It is the purpose of interpretation to build a bridge between the interpreter's horizon and that of the subject. This bridging precludes a total identification with the subject. An interpretation always contains a critical element. It must go beyond the initial understanding of the subject and open up a new way of interpreting his or her actions .

Hermeneutics presents a constructivist position. As Sullivan (1984) states; "The reality of multiple interpretations indicates that what we call the 'factual world' is an interpretation." The creation of a new interpretation is open to both the subject of the interpretation and researcher. Thus an opportunity for change can be created in the very gathering of information. This potential is realized in McKay and Ross's (1979) research on self-mutilation in an adolescent girl's home. A 10 year pattern of regular mutilation by 86 percent of the residents came to a complete stop when researchers began to take a stance of curiosity rather than intervention towards the girl's activities. In responding to the researcher's curiosity a new reality was created in the therapeutic relationship which no longer supported the meaning the girl's intended in their actions. This critical element in interpretation is what makes hermeneutics an interesting paradigm for systems-oriented therapist/researchers to explore. It dovetails nicely with the notion of therapy as "the bringing about of changes in the way people have constructed their second order realities, which they are totally convinced are the real reality" (Watzlawick, 1987, p. 96). In other words, therapy is a process of critical interpretation.

B Hermeneutics: some general methodological considerations

> An interpretative account is an illuminative act rather than an act of causal attribution. It is an illuminative act in that it attempts to uncover the sense of a given action, practice or constitutive meaning by uncovering the intentions and desires of particular actors. It is illuminative because it attempts to uncover the set of rules that make these social practices intelligible and therefore significant. It is an act of analysis and synthesis in that the act of interpretation attempts to fit these rule-generated and intentional actions into a more total structure. By a more total structure, I refer to the relational totality of the personal world as a cultural form. In interpreting human action within a more total context of cultural forms, the social scientist is redescribing an act or experience by setting it into progressively larger contexts of purpose and intelligibility. (Sullivan, 1984, p. 114)

As in text interpretation where the reader assumes an active role in meaning interpretation, a psychological interpretation of human action involves an actively engaged researcher. The interpretation is not a passive recording process. Not only is the researcher involved in reading the actions of another, he or she must come to an understanding of the research process as an expression of his or her own subjectivity. Two basic principles guide the researcher in forming the interpretation - achievement of a dialectical tension between participation and distanciation (Gadamer, 1975) and a dialectical relation between analysis and synthesis referred to as the hermeneutic or interpretative spiral (Sullivan, 1984).

The interpretative spiral

Hirsch (1976) describes the notion of the interpretative spiral in this way:

> The meaning of a text (or anything else) is a complex of sub-meanings or parts which hang together. (Whenever the parts do not cohere, we confront meaninglessness or chaos, not meaning). Thus the complex of parts is not a merely mechanical collocation, but a relational unity in which the relations of the parts to one another and to the whole constitute an essential aspect of their character as parts. That is, the meaning of a part is determined by its relationship to the whole. Thus the nature of a partial meaning is dependent on the nature of the whole meaning to which it belongs. From the standpoint of knowledge, therefore, we cannot perceive the meaning of a part until after we have grasped the meaning of the whole, since only then can we understand the function of the part within the whole. No matter how much we may emphasize the quasi-independence ~~of certain parts or the~~ priority of our encounter with parts before any sense of the whole arises, still we cannot understand a part as such until we have a sense of the whole. Dilthey called this apparent paradox the hermeneutic circle and observed that it was not vicious because a genuine dialectic always occurs between our idea of the whole and our perception of the parts that constitute it. Once the dialectic has begun, neither side is totally determined by the other. (p. 258-259)

Participation and distanciation

Interpretative research begins from the assumption that the researcher has a kind of practical understanding of what is being studied. The interpretative method aims at a progressive uncovering and explication (which is never fully complete) of the researcher's understanding (Packer, 1985). This involves becoming more aware of some of the interests, habits and practices that form the background against which the phenomena appear and crystalize for the researcher. Some sort of articulation and correction of this understanding is necessary if the research is to have any generalizability. The interpretation must go beyond the researcher's original, unreflected understanding and also beyond what the agent reports. It must explain why the agent and observer initially failed to grasp certain aspects of what occurred. This suggests that interpretative research results in a construction, a vision of reality built on the researcher's ability to demonstrate what he or she understands about the subject. It is in a sense, an argument for seeing the phenomena through the researcher's eyes.

Drawing from Gadamer, Sullivan (1984) suggests that interpretative psychological research must be guided by the dialectic of distance/relation with the phenomenon studied. He refers to this process as the "double hermeneutic".

> When the dialectic is collapsed on the side of distance, there is the possibility of a total alienation from what is studied. At the other extreme,

> when the dialectic collapses on the side of relation, there is such a total immersion (if such a thing is possible) that the interpreting observer has difficulty in separating the forest from the trees. In other words, the task of the psychological interpreter is not simply coding the expression from the actor's point of view. If the interpreter is to add anything to the situation beyond the actors themselves, there must be some recoding or resymbolization of the expressions for the actors. (p.114)

Ricoeur alludes to the same process in his incorporation of structuralist approaches to the interpretation of myth (Levi-Strauss) into his overall interpretative scheme as well as his notion of the dialectical tension between what he terms the hermeneutics of suspicion and the hermeneutics of belief. Ricoeur sees structural analysis of a text (or action) as a method for the researcher to gain the necessary distance from an object of study. Structural analysis refers to analysis of principles by which the text is organized and the accounting for the elements within that structure according to their relationships to the entire work. Structural analysis seeks not to interpret meaning, but to elucidate the organization of the elements in a text as a closed system: "Structural analysis, through its consideration of differentiated elements within a whole, bring into play an economy and order that sets limits to polysemic meaning, and, at the same time, allows symbolism to achieve its significant character: symbols can only symbolize within the framework of a whole that limits and articulates their meaning (Ricoeur, 1973, p. 79). For Ricoeur, structural analysis is the mid-point between surface interpretation and depth interpretation. It is part of the hermeneutics of restoration which tries to see with the action rather than through it. However, it is the structure of an event, text or action which allows the deep meaning to be revealed. Depth hermeneutics aims at illuminating or deciphering meanings that are presented in the "form of disguise"; meanings which the actor may not recognize in his or her own action but which he or she may, at some level, be acting out. Heidegger introduced the notion of depth hermeneutics in Being and Time (1962) as a way of recovering deep truth hidden by everyday practices.

> Dasein's kind of Being...demands that any ontological Interpretation which sets itself the goal of exhibiting the phenomena in their primordiality, should capture the Being of this entity, in spite of this entity's own tendency to cover things up. (p. 359)

Validation of the interpretation

Validity in the empirical sciences is a kind of insurance policy that what the observer is seeing is really what is "out there". This type of test is not possible within an interpretative explanation and is replaced instead with the notion of validation (Sullivan, 1983). Human action is open to numerous interpretations which are partially contingent on the viewpoint of the interpreter. There are no finalized versions of the truth. A Maturana states:

> We are not discovering reality. We are bringing forth reality. Reality becomes ready-to-hand with our distinction, becomes in the distinctions. Reality arises with language. Without language there is no reality. (Lawrence, 1987, p.19)

This suggestion of relativism need not imply solipsism if one chooses to also accept that an observer functions consensually with other observers. If one suggests that the existence of the external world is relative to the researcher, who is relative to a community of researchers, then verification by observation can be reconceptualized verification by consensus of observers.

> All interpretations are mediated through language. We are, therefore dealing with symbol systems that are public or potentially public. In other words, the reality of communication is that it is, by its very nature, public and verifiable. (Sullivan, 1984, p.113)

Validation , or verification of an interpretation is therefore a matter of the researcher developing evidence to show how the interpretation is probable under specified circumstances.

Sullivan (1984) suggests that an adequate account has four features:

An adequate account is negotiated

In laying out the argument enough information is provided for the reader to become part of the judgmental process.

An adequate account presents itself as an argument

An adequate account follows the logic of probability rather than the logic of empirical verification. "In arguing for a particular interpretation, one develops evidence to show that an interpretation is probable under these circumstances." (p. 147)

An adequate account expresses the practical significance of the interpretation

For instance, in this case study the practical significance lies in how the interpretation can be used to guide clinical intervention strategies with Terri or other similar self-mutilative adolescents.

An adequate account is critical

An adequate account must go beyond an understanding from the point of view of the subject. Ricoeur (Honey, 1987) suggests that a researcher must be animated by both the willingness to listen and a skepticism towards what is being said as a "simulation of the real".

C Description of my research process

Very simply stated, a hermeneutical research approach requires the researcher to engage in three kinds of dialogue - with the subject of study; with his or her own process of understanding (self-reflexive) and with the body of knowledge already generated concerning the phenomena of interest.

Any hermeneutical inquiry begins with a preliminary, tentative pre-understanding. In other words it begins from a position of participation or openness on all the three levels of dialogue.

After a year of working with Terri, there is little doubt that I was beginning this research from a position of pre-understanding. I was the first person with whom Terri had shared the nature and extent of her self-mutilating activities. I knew only too well the mixture of pity, disgust, helplessness, anger and maternal caring that I had to control every time I was faced with a new "mop-up task" - holding her head while she vomited the remains of an overdose of her medication, bandaging the infected wounds on her arms, arranging for medical assessment of any damage to her vaginal area, talking her through a self-induced seizure. I was aware that I was already operating on some unarticulated therapeutic hypotheses concerning these activities, based on my initial reading of the diary entries she wrote for me, as well as her response to my initial therapeutic interventions aimed at curbing this destructive behavior.

Most importantly, I conceptualized Terri's activities within the framework of current understanding of the impact of growing up in a context of intrafamilial sexual abuse. I had three strong hunches concerning her use of mutilation:

a) it served the purpose of facilitating a "traumatic bonding" between her and various professional helpers whom she desired a close relationship with;

(b) she used it as a way of controlling an overwhelming amount of intrapsychic pain;

(c) the act of self-injury re-enacted the victim/perpetrator dynamic of incest in a way which she could control.

I began to test these initial hypotheses by reading and rereading the diary entries she had left with me. I had not read the material for sometime and initially the content was overwhelming. However, with continued reading and rereading, my understanding of the process she was describing began to take form. It was out of this initial reading that my first two research questions emerged. I then took these questions back to the material and began the process which Giorgi (1975) identifies as "determining the natural meaning units expressed by the subject" (p.87). Following this step I provided a reflective summary (Edwards, 1987) and a major theme for each meaning unit.

Demonstration of methodology

The diary material Terri brought to show me was torn from the note pads or scribblers which she wrote in at home. These writings consisted on poems, long narrative descriptions of her actions and feelings, prayer-like entries and letter-like entries written to specific people which she did not intend to send to them. The same process of analysis was undertaken on each of 20 separate pieces of writing which she brought to therapy and asked me to read. Some entries were as long as 15 pages. Others were short consisting of a single page. The total number of pages analyzed was 124.

The text presented on the left side of the following table, identified as Meaning Units, was originally one long diary entry which contained no paragraph breaks and which appeared to be addressed to her father. The meaning units represent a shift in theme, or subject within the text.

The Reflective Summary (RS) represents the initial interpretative movement in my analysis. This formulation of meaning represents a process of creative insight, a leap from what the text says to what it means. As Colazzi states (1978), meaning is given _with_ the text, but is not _in_ it, so it is necessary to go beyond what is given in the original data and at the same time, stay with it. The Reflective Summary statements illuminate those meanings hidden in various contexts and horizons of the text, but which are not directly stated in it.

As Bain (1986) suggests, the researcher must be open to what the text is saying while listening attentively to the silence between the words.

The Meaning Theme (MT) represents an interpretation of the text which allows for exploration of recursive meaning patterns within the text. This is the most abstract level of interpretation I completed on the original text. The themes reflect the integrity of the original text but distill it into more pure statements which can be reinserted into the hermeneutic circle and explored in terms of how they work together in creating the sensibility to be formulated for the whole (holistic structuralism).

Protocol 1

Meaning Units	Reflective Summary (RS) Meaning Theme (MT)
1. I don't feel like me anymore it seems that I never succeeded. I feel strange and out of place, like I don't belong.	RS Loss of self. Loss of place in the world. MT Disintegrated self
2. I get confusing signals from everyone around me. I know I deserve to have to deal with these signals but I don't know how. I know they are confused as well. All of them on one side and there is all of me on the other.	RS Unable to understand what others want. Divided from others. MT Connectedness-separateness
3. I crave affection like a baby, wanting to be held,	RS Craves physical closeness to fight feelings being

loved, o held so tight. Not knowing quite how to respond in any circumstance		outside any connection with others.
trying my best doing what I thought was right, but it seemed to turn wrong.	MT	Connectedness-separateness
4. I am very alone. Have been for such a long time. So long that I've grown used to it but have not grown to like it.	RS	Specialness that comes from loneliness. Sees what others cannot.
Because of this I see things so many different things that others do not.	MT	Specialness
5. At times I wanted to be most alone when I wanted most to be held. I always, always for as long as I can	RS	Desire to merge with another. To be absorbed physically.
remember, have only wanted to be held, oh god, held tightly for so long to the point of being fearful of ever being let go.	MT	Connectedness-separateness
6. Clawing at my face and neck wanting to rip my skin off	RS	Loss of self. Destruction of body.
it isn't mine anymore.	MT	Disintegrated self
7.Waking, sweating, scared and sick. Go away. Who are you please tell me who you are. Pounding and pounding The shirt flying off. Don't hurt me. Why are you doing this to me. Why are	RS	Merging of incest with self-mutilation. She becomes both victim and perpetrator. Recognizes her guilt "perpetrator" in the mirror.
you doing this to me. I don't love you. I don't love me. I asked you who were. You stared back at me in the mirror and said nothing, but your eyes told your secret.	MT	Incest-self-mutilation
8. Faggot. You bastard. I don't Mother/father/daughter own my body anymore. Will you stay with me I don't	RS	merge into one.

want to be alone again. I felt guilt when I seen you cry because I couldn't feel for you. Ouch get away. You smelled of shit. You smelled of the devil. I'm not real I can't be.	MT	Incest-self-mutilation
9. The pictures come and they don't stop they come one right after the other and I feel sick.	RS MT	At the mercy of her images unable to control their appearance. Disintegrated-self
10. Slashing, slashing, slashing Blood running stop look down, defeat, failure, loss of oneself end along	RS MT	The mutilation ends self-consciousness. Slows down the images. Disintegrated-self
11. I thought I was so bad didn't matter that my father was evil but now I was too. No one will ever believe you.	RS MT	Child becomes the it devil's spawn. Stain of incest
12. Please hold me. Screaming. Protruding. You liar. Don't hurt me. I begged you. I would have done anything but that choking spitting wanting to throw up spitting and spitting.	RS MT	Want affection. Finds betrayal. Love equals pain

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The Structural Narrative

Some of Terri's writing was a straight description of her self-mutilation as an event. In formulating an answer to my first question, I broke this material off from the main interpretation of meaning analysis and created what I refer to as a structural description of her mutilation. The difference between these two levels of description will be further discussed in the next chapter when the themes and structural narrative are presented. Stated briefly, the Structural Description refers more to a more concrete sensory-based description of her mutilating activities whereas the Meaning Themes are abstract categories referring to the system of belief and meaning that integrate and support her view of herself, the world and her experience of mutilation.

To formulate a description of the structure of her self-mutilation experience, I broke Terri's narrative into three parts. The data indicated that she experienced three separate "states" associated with the mutilation which I named "The Dance of Shiva", "The Depressed Trance", and "The Angry Trance". I then delineated differences and similarities between these three states.

I then went back to the initial reduction on the meaning data and further reduced the material to seven non-redundant themes which seemed to best express her experience of the mutilation: (1) physical pain is good, emotional pain is unbearable, (2) pain as self-awareness, (3) love as pain, (4) the disintegrated self, (5) connectedness-disconnectedness, (6) specialness (7) The All-powerful Terri v.s. The All-Controlling Terri.

As can be seen from the preceding description of my research method, the hermeneutical movement between distanciation and participation guides even the initial stage of research. On completing this first "phenomenological" rendering of Terri's description of her experience, I decided that for the material to be more clinically useful, I would need to analyze my finding further. I needed to know what it was about her activities that I now knew, that I hadn't known before. The next step was to begin the process of "resymbolization" (Sullivan, 1983, p. 114) or "recoding" of the material into a way of understanding which could lead to a conceptualization of her self-mutilation which would be relevant to the formulation of clinical intervention strategies. The methodology or argument for this stage of research will be explained in Chapter V following the presentation and discussion of the Meaning Themes and Structural Description. The demands of the hermeneutical spiral, or the relationship of the parts to the whole are discussed in the presentation of the final level of analysis in Chapter 6.

IV Resymbolization

> For all meaningful phenomena, the rule holds that most is to be learned from cases that are unusual, well-differentiated and complex. These illuminate the rest, and experience is enriched not so much by the number of cases we have seen, as by the depth to which we have penetrated in any one case. (Jaspers, 1903).

A Introduction

This chapter is divided into two main sections. In the first section I will present a Structural Description of Terri's self-injurious episodes. This material will then be placed in dialogue with findings from the self-mutilation literature and finally analyzed using concepts drawn from systems theory. In the second section a series of Meaning Themes will be presented and discussed in light of the literature on depersonalization and "double consciousness".

I have used direct quotes from Terri's diary to illuminate the Structural Description and Meaning Themes in order to give a sense of how she presents herself in writing. Many of the themes presented here were explored in therapy subsequent to Terri presenting her diary material to me. Case material which helped me to clarify her initial narrative has also been included.

B Two levels of description

The Structural Description and Meaning Themes represent two different orders of description. As I am using the term, the Structural Description renders an account of Terri's episodes of self-injury as she experiences them. It is basically an identification and temporal sequencing of the events, feelings and actions which are characteristic of her experience of self-mutilation and which identify it as that particular kind of experience. Maturana (1981) defines structure as:

> The actual components (all their properties included), together with the actual relations that concretely realize a system as a particular member of the class of composite unities to which it belongs by its organization, constitute its structure...any given organization may be realized through many different structures, and that different subsets of relations included in the structure of a given entity may be abstracted by an observer as the organizations that define different classes of composite unities. (p.24)

The Structural Description is very close to Terri's account of her experience of self-mutilation.

The Meaning Themes represent more abstract categories than the Structural Description. As previously mentioned, these themes refer to the system of belief and meaning that integrates and supports her view of herself and the world during her experience of mutilation. A major difference between this level of description and the structural level is that these themes lie outside of the realm of her direct experience and/or conscious awareness. The intent here is to illuminate Ricoeur's "hidden meaning" of the text.

C The Structural Description

The self-mutilation literature refers to autohypnotic trance states which precede episodes of self-injury. It would appear from Terri's description that the trance is the primary process during which self-mutilation serves many purposes.

Terri identifies three separate "trances" (her terminology) during which she mutilates. I labelled these: The Dance of Shiva, The Depressive Trance and The Angry Trance. A summary of these three trances is presented in Table 1, for cross-comparative purposes.

Descriptive Summaries

The Dance of Shiva

> Shiva is thus, apparently two opposite things - on the one hand he is Total Tranquility -inward calm absorbed in itself, where all distinction merge and dissolve. But on the other hand he is Total Activity - life's energy, frantic, aimless and playful. (Zimmer, 1974, p. 161)

This description of the Dance of Shiva captures the split which Terri feels during this particular trance. She describes her outward expression as hyper, loud, vulgar. She possesses almost superhuman powers of strength. She teases, titillates, demands attention. Yet all of this is a fluid mask designed not to draw others in, but to keep them from touching her, emotionally or physically. Inside she is like a black hole. Energy collapses emotion.

> "No real inner feelings. All superficial, made up, not really feeling anything. I laugh a lot, hard and deep at the most sad events."

The danger is in letting real feelings seep back in. Yet she must flirt with this possibility through self-mutilation. It is only when her feelings become "real" again that she can break the spell of this trance.

> "I feel intense pain or happiness (not normal happiness but vengeful happiness.) When I'm happy I laugh a lot hard and deep at the most sad events, things. Feels good to talk about hatred, pain, hurting anger. Anger is a funny emotion not to be taken seriously."

Slashing at this point can result in real anger or sadness. The net result of real anger is what she calls "irrationality" - a state in which she perceives she has no control over her impulses. (She attributes her action of plotting to sexually abuse a little girl and of tracking a victim to "irrationality".)

The pain of the self-mutilation feels "exceedingly good, like a reward, a privilege", the blood "can be considered a learning experience." She is the pain, controlling how long and to what level of intensity she is experiencing it.

> I'm able to control how I feel about the pain or how long I feel the pain. Am able to mutilate slowly but is often done quickly as in the fact I

> would be so hyper and the amount of times I did it would be more important than the deepness or severity of the mutilation."

The pain of the mutilation has a controlled rhythm that builds steadily, but which never reaches a climax. Eventually all pain becomes focussed as physical pain. However, this does not necessarily end the mutilation. She must mutilate until a point of anger or sadness is reached.

The "right thing said by the right person" is the only intervention capable of preventing mutilation during this trance. However, "this is highly wishful thinking".

This entire trance is accompanied by a vivid imaging process in which she sees fast-moving scenes of brutality directed at her by strangers, herself, and her father as well as acts of violence committed by her towards others. Scenes of people hugging or acting in a loving way can bring on overwhelming emotional pain at which point the trance will explode into The Angry Trance.

Feelings of depression or euphoria follow this trance.

The Depressive Trance

This "trance" can last several days. The general feeling is one of "extreme sadness, desolation, depression and deep inner pain". She feels unable to make contact with others, although what they say to her can intensify the hurt. She is exposed, raw to others. The pain which she carries in her "gut" can intensify and become overwhelming.

> "I tend to take what people say to me very seriously, all the time too seriously and then I wind up feeling worse, the odd time I will feel better that people are angry at me because I feel I deserve it, or that its easier to deal with them when they are angry."

Although she may reach out for attention, she is unable to deal with it and ends up feeling even more alone. She longs to be held, to merge with another, yet recoils if approached. It is during this trance that she does the most severe damage to her arms, cutting deeply and slowly.

> "Various attention seeking games may be exercised sometimes. Only for the reason that I feel very alone and want caring at any cost. I usually wind up getting people angry, frustrated, or sometimes they become very caring, only the odd time though. However, once I do receive this attention I do not know how to deal with it and I tend to think that I do not deserve it and will again go back to being alone and self-mutilating."

She experiences severe pain, both physically and intrapsychically during this trance. Feelings of guilt surface resulting in intensified mutilation and increasing the risk of suicide. The physical pain of mutilation chases her emotional pain in a never ending cycle. Eventually all pain is focussed into a laser of physical pain which obliterates her emotional agony. The physical pain is described as something to be enjoyed. However, this enjoyment has a more abstract quality than in the Dance of Shiva. It is more an enjoyment of her ability to hurt herself than pleasure in the pain itself: "The pain in this trance is the most severe at times, its either very painful or I just feel empty. I enjoy the fact that I can do harmful things to myself."

During this trance that she will also indulge in other self-injurious behavior including gorging, self-induced vomiting or drinking to the point of obliteration. She will pay little or no attention to personal hygiene matters such as washing, combing her hair, or changing clothes.

The imaging process which accompanies her mutilating activity features slow motion dramas of coercive (but non-violent) sexual encounters.

> "Pictures stay in my mind for long periods of time. The pictures or scenes that I see in my head are picked apart carefully. Every thing is noticed, detailed. And an attempt is made to explain every detail. The pictures are usually of very sad non-violent events. However tend to be sexually explicit (or of people just touching each other) mostly of myself being abused. No hitting, no yelling, no violence. No anger, just sadness."

The mutilation ends "when there's enough pain." A long intimate talk with "someone who can express their love for me openly" or getting a hug may snap her out of this trance before she begins to mutilate. This is the only trance during which there is a risk of attempted suicide.

The Angry Trance

> "When I'm in this trance I will do anything to hurt myself, anything at all that I can think of at the time. This includes cutting up my arms with razor blades, a tack and knife, anything sharp, pounding my fists against the wall,

> clawing at my body, my cunt, with my fingers or something sharper, pulling my hair, drinking,vomiting, screaming, freezing in the snow, slapping myself, kicking things, starting fights...I will do anything to experience pain."

During this trance Terri not only experiences anger, she becomes anger. Lashing out at herself and the world, her actions are performed against a backdrop of violent, deadly images.

> "The pictures I see in my mind are gross and vulgar. explicit, violent sexual acts, of my mother, my father, of being hit, of hitting others, beatings, crying, rape, incest blood murder. People in pain. Myself in pain."

She feels capable of acting on these fantasies while in this state.

> "My anger is sort of blind, my whole body shakes with anger, I lose control the easiest in this trance, or at least it feels like I'm losing control. I tend to mutilate myself easiest in this one because I'm so angry. I do have thought of hurting others or abusing others sexually. It scares sometimes that I'm not going to have them just as thoughts and I just might get angry enough and do something to someone."

This is the only trance in which Terri does not actually feel the pain of the self-mutilation. Once the trance has passed the amount of damage she has done to herself often shocks her.

She is completely engulfed in anger, anger which she uses to fight overwhelming amounts of hurt: "I'm very very hurt when I'm this angry but I try very hard to fight that pain by being angry."

The trance, and mutilation ends when she is too tired to continue. Her feelings of anger are replaced with hurt, emptiness or happiness.

TABLE 1

The Dance of Shiva

1. State of high anxiety often preceded by boredom and/or difficulty concentrating.

2. Outwardly loud and boisterous, vulgar.

3. Inside emotions cancel one another out. Pain is joy. Sadness is funny. Sits on a razor's edge between real and "made up" emotions. Mutilation necessary to keep her there, yet mutilation is the only method which allows "real" emotions to return.

4. Pain of mutilation is sought after, feels good. Blood is a learning experience. Continued mutilation results in real sadness or anger.

5. Violent imagery.

Angry Trance

1. Becomes her anger.

2. Most severe mutilation but no physical pain associated with the self-injury.

3. Deep underlying hurt which is fought with anger. Initiated by hurtful encounter.

4. Fears loss of control. Fears being capable of hurting others.

5. Images of brutality, bestiality, blood, murder and violent sexual acts.

Depressive Trance

1. Flat affect. Slow moving. Distanced from others. Oblivious to personal hygiene. Trance can last several days.

2. Open, raw to others comments.

3. Vicious cycle of physical and emotional pain which eventually becomes focussed as physical pain. Feelings of guilt increase the mutilation.

4. Cuts deep, hard and slowly. Enjoys being able to hurt self.

8. Suicide risk high.
9. Slow-moving images of non-violent but forced sex.

D Discussion

Much of the research on self-mutilation has been conducted in institutional settings, in particular psychiatric or emergency hospital wards. Subjects are most often only interviewed once, shortly after a mutilative episode (Shaffer et al, 1980; Rosenthal, 1972; Simpson, 1975). Collecting information in this context certainly influences and limits the accounts patients give of their activities.

As Ross and MacKay (1979) suggest:

> Many of the explanations of self-mutilation are derived from statements made by self-mutilators who after their act have been asked why they injured themselves. Far more illuminating would be know more of what the mutilator says to himself just before he mutilates or while he is in the act of mutilating, data about his internal dialogue before it is distorted by time or the demands of an interview which requires him to explain his behavior.

One of the advantages of collecting data over a longer period of time in a clinical setting where the client provided the information, unsolicited, is that it provides for a richer data base to draw from. The portrait Terri paints of her mutilation experience is considerably more complex than the outline provided by many group studies.

The nature of the "state of depersonalization" which is said to precede mutilation (for example: Simpson, 1975; Kafka, 1971; Asch, 1971; Miller and Bashkin, 1974.) has not been well articulated in the literature. This has led to the assumption that this state is experientially uniform for most self-mutilators (in particular self-cutters). Miller and Bashkin (1974) and Simpson (1975), among others, have proposed that the self-mutilatory act is the culmination of a sequence of specific events which start with some frustrating experience results in the patient feeling rejected, abandoned and overwhelmingly angry. This rage leads to depersonalization. The cutting or burning enables the patient to escape the depersonalized state and discharge rage and fear (Asch, 1971).

The structural description arrived at from Terri's writing suggests that this particular sequence of events is typical only some of the time. Terri's description of her three trance states is more in line with Simpson and Porter's (1981) assertion that adolescents and children who mutilate do so at different times for different reasons.

Although Terri's descriptions of her three trance states indicate that these differ in terms of her experience of the act of mutilation itself (pain, no pain) and the meaning the action holds for her during each episode, similarities between the states can be noted at the process level. However, Terri's process, as I punctuate it, is somewhat different than that suggested in the literature. Before resymbolizing Terri's story into the language of systems theory it is important to note some commonalities between the three states as she describes them.

1. All three of Terri's autotrances are preceded by a hyperconsciousness, or extreme level of awareness, of body discomfort (tiredness, brightness of the light), emotional intensity (too happy, too sad) and difficulties in interpersonal relations. This "hyperconsciousness" of being-in-the-world has been noted in the literature on depersonalization, but has not, for some reason, found its way into the self-mutilation literature. The implications of this finding in furthering our knowledge of self-mutilation will be further discussed in my presentation and analysis of the Meaning Themes.

2. The physical pain of mutilating is something which can be controlled. The literature on self-mutilation suggests that mutilators often do not feel the pain associated with their injuries and suggests that the pain is simply not there, or that in certain cases there is a congenital or injury-related agnosia to pain. Terri's description suggests that she can

control the pain, feel it to whatever level of intensity she desires. Physical pain plays a very important role in her trances. It is something she seeks, desires, revels in.

3. The mutilation does not end the trance state. Sometimes it results in a transition to another altered-state, but it does not aid her return to reality as is suggested in the literature. However, all the trances end in a different emotional state than they began i.e. she is initially angry but ends depressed or euphoric.

4. All three states are accompanied by an internal imaging process in which she sees pictures of herself and others being brutalized. The mutilation appears directly related to this process via the reactions the images engender. Sometimes she watches these images in movie-like fashion. The nature of the images can make her sad, angry, ecstatic, all of which can increase, decrease or reroute (slashing to head banging) her mutilating activities. On occasion she takes a voyeuristic attitude towards the images, feeling guilty or delightfully wicked by her

ability to generate such explicitly violent or sexual scenarios. There is some sense that she feels she cannot control her fantasies, that they have a life of their own and pop up when she neither desires or expects them.

E Resymbolization: Process narrative in systems language

Introduction

As Watzlawick (1987) points out, the development of psychotherapy theory based on premises drawn from general systems theory and cybernetics has dramatically changed the kinds of questions we ask in terms of a client's behavior or symptomology. We no longer ask; "Why is the identified patient behaving in this bizarre, irrational fashion?," but rather; "In what sort of human system does this behavior make sense and is perhaps the only possible behavior?" and "What sort of solutions has this system so far attempted?" (p. 96).

Systemic therapists are basically concerned with the underlying pattern that maintains a symptomatic behavior. One of the most basic premises integrated from general systems theory is that in order for a system (be it an individual, family, community, nation) to remain stable it must change. This dynamic of stability achieved through change is referred to as homeostasis (Keeney, 1983). Homeostasis can refer to a pattern of change/stability in which the direction of the change is towards maintaining the systems structure as it exists, or a more evolutionary pattern in which the change/stability dialectic involves an elaboration of structure as well as differentiation and specialization of functions. Both of these processes are essential to the continued existence and survival of the system as an autonomous living system. Any system which encompasses too much diversity loses its identity or autonomy as an organizational whole. However, a system which ceases to grow and change becomes increasingly disorganized and will eventually die.

Regulation of the change/stability dynamic is achieved through feedback:

> Feedback is a method of controlling a system by reinserting into it the results of its past performance. If these results are merely used as numerical data for the criticism of the systems and its regulation, we have the simple feedback of the control engineers. However, the information which proceeds backward from the performance is able to change the general method and pattern of ~~performance, we have~~ a process which may be called learning. (Wiener, 1967, p. 84)

The simplest and most often cited example of a feedback loop is the thermostatically controlled heating system. When the room temperature exceeds the threshold of a calibrated thermostat, the furnace will be triggered to turn off, bringing the temperature back within the desired range. The system monitors its own performance and is self-corrective. A similar process can be identified in the family situation where an argument between two members heats up to threshold level and a third member steps in to end the fight or divert the attention of the combatants.

All systems are connected to other systems by recursive feedback loops. For example, it is the inhabitants of the house who determine the range of temperature they will tolerate and set the thermostat accordingly. A change leading to instability at one level of recursion may have the effect of leading to stability at another:

> Feedback that is not subject to higher order control, that is, a situation lacking feedback of feedback, will inevitably lead to unchecked escalation and schismogenesis. Ultimately, uncontrolled escalation destroys a system. However, change in the direction of learning, adaption, and evolution, arises from the control of control, rather than unchecked change per se. In general, for the survival and co-evolution of any ecology of systems, feedback processes must be embodied by a recursive hierarchy of control circuits. (Keeney, 1983, p. 71)

Systemic therapists, no matter what particular school they are aligned with (structural, contextual, Milan etc.) must be able to distinguish not only the simple feedback which maintains the client's symptom, but also the higher order feedback loops which maintain those lower order processes: "The therapists goal is to activate the order of feedback process that will enable a disturbed ecology to correct itself" (Keeney, 1983, p. 71).

Terri's case: homeostasis through balance

As the treatment literature suggests, self-mutilation is a notoriously difficult behavior to curb. This particular fact, suggested to me that the act of mutilation might be part of a feedback sequence aimed at achieving a steady state, that is a state of no progressive or irreversible change (Bateson, 1972, p.126).

The work I had done with Terri, as well as the self-mutilation literature, led me to hypothesize that the act of self-mutilation acted as a control mechanism in a "runaway" process. Terri's description of the relief she felt in cutting as well as frequent references in the literature to the release of tension that many mutilators feel suggested that the act might be the climax to a cumulative process.

However, as I looked more carefully at Terri's description, this "climax" was curiously missing. The release Terri initially felt in cutting was followed by a heightened sense of the need for more pain:

> "Immediately I felt a tremendous release. I smiled. Again and again I sliced up my arm, oh did it ever feel good. Why stop, again and again."

While the mutilation does help her achieve a different state (the trance usually ends in a different emotional state than it begins) the intensity of her feelings are not lowered. For example she replaces anger with euphoria, or balances deep hurt with all-consuming anger. The pain of the self-mutilation allows her to reach and maintain a "plateau of intensity" without ever reaching a climax. The physical pain of the mutilation is sought after, embraced, desired as it helps her transform the amounts of emotional and psychic pain she carries into something she can control:

> "It seems that I've always had these pains. They were just always there. I can't remember them starting any particular time, they just were there and they grew as I grew. It's all psychosomatic, nobody has to tell me that. But it sure hurts. Such a deep, deep feeling. I can't even describe it with words. So much pain just hurts and hurts. And then it brings on the tears. I just have to feel someone's warmth. Someone's love for me. I just have to look at someone's eyes at the right time and it'll severe my insides. It makes me feel like shit, so low. Makes me just want to cry and cry. Sometimes I just want to scream. Other times I turn to abusing myself. Anything to avoid the pain."

Terri's narrative suggests that she considers it very dangerous to maximize one of her feelings states. In other words, hurt must be balanced with anger or the hurt will consume her, happiness must be balanced by guilt. This attempt to balance everything at a high level of intensity, rather than establish a flexible structural arrangement in which there are levels of intensity, produces a wild oscillating pattern in Terri's behavior. In order to maintain balance, she must constantly be in motion.

It is interesting that Terri does not involve herself in "climax" producing sequences of interaction in her interpersonal relationships. Although she often describes herself as being in conflict or angry with people, she never overtly behaves in a way which would lead to a fight. In Bateson's terminology, she avoids schismogenic, or cumulative sequences of interaction which might lead to a climax. When faced with a potentially stressful interaction, Terri simply collapses or withdraws. For example, during psychodrama sessions in therapy, she twice collapsed into self-induced seizures just at the point where she was required to perform an action which could have resolved the identified conflict. Faced with a conflictual situation, Terri resorts to behavior which forces one of her helpers to come to her rescue.

The importance of balance, and the substitution of a plateau for a climax in Terri's self-mutilating activities, will be further discussed in relationship to the Meaning Themes which help maintain her need to mutilate. In summary, I propose that Terri's mutilating activities allow her to maintain a plateau of emotional intensity on which no particular feeling is maximized.

I once asked Terri what would happen if she could find out once and for all that her father had not abused her. "Everything would be out of balance," she answered.

F Meaning Themes

1. Physical pain is good, emotional pain is unbearable

Throughout her narrative Terri refers to physical pain in terms of endearment. She speaks of it as something to be desired, sought after as a "horrible pleasure". It is emotional pain which she cannot bear. If the hurt gets too strong, then it must be conquered with anger, if the anger gets too strong then it must be collapsed into fear. In mutilation, all psychic pain can be temporarily relieved as it is collapsed into physical pain. The physical pain she can control, manipulate. She controls the emotional pain only by transforming it into physical pain. The level of intensity remains the same, the medium changes: "Father I hurt myself physically because for all the life of me I cannot fight off that terrible pain."

2. The pain of self-awareness

Terri never seems to operate on autopilot. She analyzes every action, thought, feelings, interaction. Physical pain relieves her, temporarily of this burden. Self-consciousness collapses into pain. However, the blood calls forth self-awareness and so she must cut again and again to become pain and obliterate her thinking self.

3. Love as pain

"A look from someone I love can sever my insides."

Love is an intrusion. It makes her painfully open, vulnerable. It brings failure. "Not knowing quite how to respond in any circumstance trying my best doing what I thought was right, but seemed to turn wrong." Love threatens the delicate balance. It must be neutralized with pain.

4. The disintegrated self

"I don't know who I am anymore."

"I don't own my body."

Physical pain brings her back to her body and paradoxically helps her severe herself from her body: "I try to rip my skin off. It doesn't belong to me anymore."

> "SLASHING SLASHING SLASHING. Blood pounding running stop look down, defeat failure, loss of oneself end alone."

5. Specialness

There is a quality of magical thinking in Terri's description of her acts of self-mutilation - a certain ascription of supernatural or magical power connected with her ability to hurt herself. She can withstand the pain, inflict the pain, only because she is special:

> "The pain insurmountable, inhuman, the only reason I can feel it is because I'm special, I'm very special."

She is fascinated by stories and movies involving central figures who possess supernatural powers (the teenage horror genre such as Carrie) and projects herself into the role in her fantasies.

Anthropologists (Bourguignon, 1979, p. 233 - 269) suggest that what is experienced in an altered state of consciousness and the meaning the subjective experience holds for the person in an altered state is, to a great extent, culturally patterned. As well, there is a cultural message (support, encouragement, mistrust, fear) inherent in the way in which people react to others who experience altered states. The overriding cultural message in our society is that people who experience altered states of consciousness, outside limited drug or alcohol induced changes, are crazy, evil or both. Terri appears determined to absorb this message into her own self-meaning system.

3

6. Connectedness-disconnectedness

Terri longs to merge with another "To be held so tightly that I fear every being let go."

Her fantasy of raping a girl child and committing suicide reflects this same theme. She wishes to bond the child to herself through the child's knowledge and pain of her violation. She envisions the child's mother rejecting her daughter as "not so pretty anymore" forcing the child to live alone with her pain, hurt and anger, consumed with the question of why Terri chose her.

Terri sees herself as living on a never-ending arc just outside others around her. She feels unable to learn the rules which will give her access to what she considers normal relationships:

> "I get confusing signals from everyone around me. I know in a sense I deserve to have to deal with these signals but I don't know how. I know they are confused as well. All of them on one side and there is all of me on the other. I am very alone. Have been for such a long, long time. So long that I've grown used to it but have not grown to like it. Because of this I see things, so many different things that others do not."

Given the level of emotional involvement she demands from a relationship, her friendships often flare and die. Terri demands an all-or-nothing commitment from friends and the numerous "helping" people that have become involved in her life. When these people begin to pull back - either through fear, other priorities, or the need for some breathing space - they cease to be "friends" and she often refuses to continue the relationship.

7. Power and control split

Terri appears to experience what has been referred to as a "double consciousness" (Doppelbewusstsein) (Taylor, 1982, p. 302) or two independent ego states operating simultaneously. Watkins and Watkins (1984) define an ego state as:

> ...a body of behaviors and experiences organized around some single principle (such as being six years old, a need to hate, relationship to authority figures). They are separated from other such states by a boundary that is more or less permeable. (p 112)

I have dubbed her two ego states "the All-Controlling Terri" and "the All-Powerful Terri". The All-Controlling Terri is her primary state of consciousness. I have dubbed it the "all-controlling" in that it is characterized by a hypervigilence of all her activities - mental, emotional, physical and interpersonal. Even when this ego state is in full control, she is aware that the All-Powerful Terri is operating from behind a door constructed by the All-Controlling. The All-Powerful is the harbinger of the violent, sexual images which flood her mind.

The mental activities of her two independent ego states are, introspectively experienced with different degrees of familiarity. The mental activities of the All-Controlling are experienced as familiar and ordinary, whereas those of the All-Powerful are experienced as self-willed occurrences of an unfamiliar, frightening kind. The All-Controlling Terri is disgusted by the actions, images and longings of the shadow consciousness, calling these "sick, perverted, disgusting". During her self-induced trance states Terri experiences herself and the world through the All-Powerful ego state - she becomes the self who is not herself, yet remains aware of the difference.

G Resymbolization: The phenomenology of "double consciousness"

Consciousness

Before proceeding to a discussion of what Terri's description can tell us about the nature of the phenomenon of "double consciousness", it is necessary to outline how I conceptualize consciousness. My understanding of consciousness is drawn from existential-phenomenology, radical constructivism and hypnosis research.

Simply stated, consciousness is the subjective experience of being-in-the-world as a body, a-self-to-the-self and a self to others. Existential-phenomenologists view each individual and his or her world as co-constituting each other - remove one and the other has no meaning:

> ...the question of who am I? is inseparable from the question what kind of world do I live in? To be at home with myself is to be at home with my personal world. To be ill at ease with my self is to be ill at ease with this or that region of my personal world. The continuous essential unity of the individual, his body and his world is the basis for the concept of man as embodied-being-in-the world. In this total structure no part can be understood in isolation from others. (Moss, 1978; p. 92)

For both existential-phenomenologists and radical constructivists, consciousness is an active, realitygenerating process as opposed to a passive-receptive or organizing process. In this formulation consciousness is a not a noun, but a verb. As Merleau-Ponty (1963) states:

> ...consciousness is a network of significative intentions which are sometimes, lived rather than known. (p. 173)

By "significative intentions" Merleau-Ponty is referring to the notion that human consciousness is always consciousness "of something" (intentionality) and that the object of consciousness is perceived in terms of a categorical difference. The thrust, therefore, of human consciousness is towards making sense of our experiencing of our phenomenal world. As Von Glaserfeld (1984) states:

> ... an assimilating consciousness can construct regularities and order even in a chaotic world. The extent to which this will succeed depends far more on the goals and already constructed starting points than on what might be given in a so-called 'reality. (p. 37)

However, we are not entirely alone even in our private consciousness. As Unger (1975) explains:

> Consciousness implies autonomous identity, the experience of division from other objects and other selves. But the medium through which consciousness expresses itself is made up of the symbols of culture, and these, according to the principle of totality, are irreducibly social. When you speak of language or make a gesture, you perceive and communicate meaning in categories that are the common patrimony of many men. By what power can you and they speak to one

> another? It must be possible for each to view the other's statements and acts as the signs of certain intentions. These intentions can, in turn, be understood because they are intentions you too might have. It follows that consciousness always presupposes the possibility of viewing other persons as selves that could, under favourable enough circumstances, see what one sees and believe what one believes. (p. 215)

Unger's quote points to another feature of human consciousness - the ability to reflect upon what one is conscious of. However, as Brentano (Taylor, 1982) constantly stressed, inner observation of conscious processes has the inevitable effect of disrupting and distorting them. For example, if we try to observe our anger it will be subdued in its force. The mental activities of which an individual can become aware are usually grouped into three broad categories (Taylor, 1982, p.301).

1. Introspection

This category contains mental activities of three kinds: (a) cognitive activities such as thinking, imaging, judging, remember, etc; (b) affective activities such as liking, anger, hopefulness, anxiety; (c) motivating activities such as attending, wishing deciding, initiating actions, etc.

2. Interoception (or proprioception)

Those mental activities that relate us internally to our physical body. These are generally experienced as passive activities, i.e. reactions. They originate in the stimulation of internal sense organs in our body and are experienced as bodily sensations such as pleasure or pain, comfort or discomfort, information of the position of our body and limbs, of our movements and balance, and of the degree of pressure in our bladder and rectum.

3. Extrospection

These mental activities relate us to the surface of our body and the world around us. These are largely experienced in a passive way as reactions to stimuli impinging on our external sense organs in a way that enables us to see, hear, taste, or feel touch, pressure, heat and cold.

These activities combine in recursive formulations to give us an ongoing sense of who we are in the world and a sense of what the objects and others in our world are. This suggests that consciousness is not a unitary process, although we may experience it as being so. As Beahrs (1983) suggests:

> We can look upon the human mind as like a symphony orchestra. It is a complex whole, constituted of multiple part-selves with their own ongoing experience, each doing what it does best under the organizing leadership of an executive, the conductor. This is functional co-consciousness, and does not require adherence to any one particular psychodynamic model. (p. 104)

A psychologically healthy person has a sense of unitary consciousness whatever role or ego state he or she is in at a given moment. For example, if I am an adult researcher right now, I am still the same "Elizabeth" who is at other times a controlling parent or hurt child. The healthy individual can readily delegate responsibility to his or her component parts, yet retain control over the process. He or she learns to find a balance between the many continua of polar opposites in life and can set priorities among the multitude of competing needs, establishing a sense of direction in life. Whatever the many facets of his or her experiencing, the healthy individual has a sense of ongoing identity and direction.

Pathological dissociation has been defined by Hilgard (1977) as a point when our usual roles lose continuity with one another. Roles and ego states are still roles and ego states, but they experience themselves as if separate "cohesive selfhoods." Instead of a healthy balance between polar opposites, rigidly precise either-or positions are taken by conflicting ego states (Beahrs, 1984, p. 105).

Depersonalization and "double consciousness"

Many self-mutilators complain of feeling dead, empty or unreal before they act. Psychodynamically-oriented researchers often make reference to states of depersonalization which seem to precede episodes of self-injury.

Drawing from descriptions of people who have been identified as experiencing states of depersonalization, Taylor (1982) suggests that depersonalization involves is a doubling of consciously experiencing egos (ego states):

> The syndrome of depersonalization thus refers to an individual's experience of that he is no longer his usual ego, his usual self. Yet if we look closer at the complaints of a depersonalized individual, we notice that he must have retained his usual ego and that it is this ego that experiences a change in some ongoing mental activities. There are thus two concurrent series of mental activities. In other words there are two independently active egos; the usual ego and a subsidiary and unfamiliar one. (p. 302)

This subsidiary ego state is experienced as being part of the self, but a way of experiencing being-in-the-world which is totally different.

For Terri, this split into two consciously operating ego states, is quite clear. She experiences the world through the meaning-making system of The All Powerful Terri during her trance states, yet remains aware that the wishes, desires and actions of this ego state are unacceptable to the retreated All Controlling Terri. The All Controlling Terri is frightened of the dark side of herself. Although she can experience herself and the world through the All Powerful ego state, she is unwilling, frightened, to open it up to herself or others for exploration. It appears that, although she can experience herself and the world as the All Powerful Terri, the ability to reflect on this experience is maintained by the

All Controlling Terri. It is the All-Controlling Terri's job to keep a rein on this subsidiary ego state. As we shall see in the next chapter, this is an exhausting job.

V. Final Synthesis

A Introduction

An interpretative account requires two movements. Analysis must be met with synthesis. In the preceding chapter the significant rules and practices which define Terri's self-mutilative experience were sifted out. But what does it all mean?

It is now my task as the interpreter of this girl's experience to present an account of how all the pieces of data I have collected can be synthesized into a meaningful pattern.

The narrative in the introduction of this thesis was written before I formally entered into the interpretative process. It is a statement of my "preunderstanding". Much of what is in this statement remains in my final narrative. However, the language of my new understanding is the language of psychology. This translation results in both a loss and a gain. Gone is the power to confront the reader with his or her own emotional response - to feel, even in a detached way the revulsion, guilt, anger, incredibility which knots in the consciousness of anyone who encounters a self-mutilator. However, what is gained is an understanding which can lead to informed action. As many writers (Ross and McKay, 1979) have pointed out, it is impossible not to respond to a self-mutilator's wounds. Therefore, it is important to come to an understanding that allows for the construction of a response which helps restrain, rather than encourage these damaging actions.

In this chapter I will present an interpretative account of Terri's self-mutilation which draws together both the Structural Description and the Meaning Themes into a coherent explanation. This account outlines the "sensibility" in Terri's actions. I will also address the question of why Terri stopped mutilating and discuss some implications of this study in the treatment of other non-psychotic self-mutilating adolescents.

B Terri's self-mutilation: an interpretative account

Terri's writing and case material indicates that she experiences a co-consciousness of two independent ego-states which are by their nature, in conflict with one another. The All-Controlling Terri is centred around the principle or valuing of control - of herself, others and her environment. She maintains this control through hypervigilance of her thoughts, emotional responses, physiological state (tiredness, hunger, aches and pains, body position) and interpersonal interactions. The desired result of this hypervigilance is to maintain a position of balance or equilibrium between all the parts. However, the time and energy required to bring all the parts into balance is enormous. This results in the drained, exhausted, depressed, slow-moving, slow-to-respond face Terri often presents.

The All-Powerful Terri is centered around the principle of lack of restraint, a valuing of impulsiveness and undirected energy, raw power. In the second therapy session I had with Terri, she startled me by launching into a discussion about the "power of being a boy". As she perceived it, the boys she encountered all had an aura of power, an unrestrained energy directed outwards and over all they encountered in life. She was fascinated by this power in the same way she is fascinated by the supernatural powers displayed by the main characters in horror movies and books. As her writings and case material indicate, she experiences an ego state which is fuelled by unrestrained, thoughtless power. This energy can explode in a mushroom cloud of rage and destruction. She is both fearful of, and fascinated by the abilities of this particular ego state. She once recounted a tale of how she had spent two days obsessed by a dilemma posed in a horror genre book she had been reading in which the main character had the ability to make blood pour from the eyes of dolls. He would sit for hours making dolls bleed, crying about the malevolence of his abilities, but unwilling to stop his activities. She had a sense that she was like the boy, and was in anguish searching for an answer to why he was unwilling to control his power.

In the psychologically healthy individual power and restraint are not polar opposites but form what Varela refers to as a cybernetic complementarity. A cybernetic complementarity refers to the way in which "pairs" (poles, extremes, modes, sides) are related yet remain distinct (Keeney, 1984, p. 93). This formulation allows power and control to be seen as an "imbrication of levels, where one term of the pair emerges from the other" (Varela, 1976, p. 64). The relationship between power and control is self-referential, one is constantly recycled out of the other. The structural arrangement of the pair is hierarchical, flexible, adaptable. This internal dance, a rhythmic flow between power and control, leads to a sense of empowerment (a feeling of active participation in the direction and decisions concerning one's life and context) and a capacity for spontaneity. Spontaneity, as defined by Bookchin (1980) is:

> ...not mere impulse, certainly not in the most advanced and truly human form, and this is the only form that is worth discussing. Nor does spontaneity imply undeliberated behavior and feeling. Spontaneity is behavior, feeling and thought that is free of external constraint, of imposed feeling, and thought, not an uncontrolled effluvium of passion and action...spontaneity implies a capacity in the individual to impose self-discipline and to formulate sound guidelines for social action. (p. 259)

Ripped apart and valued separately, power and control begin to spin around in independent frenzied gyrations. What was once a dance becomes a battle. Power becomes a narcissistic, self-gratifying paroxysm of desire. Control becomes manipulation, dominance, hypervigilance - a self-imposed inquisition.

Bateson (1975) calls this splitting of continua "schismogenesis", literally "a growing split in the structure of ideas". He identifies two types of schismogenic processes: symmetrical and complimentary. In a symmetrical process more of behavior A leads to more of behavior B in an escalating cycle. In a complimentary relationship less of A leads to more of B:

> If, in a binary relationship, the behaviors of A and B are regarded (by A and B) as similar and are linked so that more of the given behavior of A stimulates more of it in B, and vice versa, then the relationship is "symmetrical" in regard to these behaviors. If, conversely, the behaviors of A and B are dissimilar but mutually fit together (as, for example, spectatorship fits exhibitionism), and the behaviors are linked so that more of A's behavior stimulates more of B's fitting behavior, then the relationship is "complementary" in regard to these behaviors. (p. 323)

Classic examples of a symmetrical relationship include the armaments race and athletic competitions. Common complimentary patterns include succouring-dependency between parents and children and dominance-submission. Both of these patterns can develop into vicious, escalating cycles. This is the type of interaction between elements which I was first seeking to identify in my process analysis of Terri's description of her self-mutilating activities. It was initially baffling to uncover what I labelled a "plateau of intensity". However, viewed within the larger framework of her meaning-making system, this "plateau of intensity" represents a resolution of a symmetrically escalating interaction between her "All-powerful" needs and her "All-controlling" needs. Terri's systematic separation of power and control into over-control and under-control (implusivity) leads to a situation in which these two states are in an escalating battle. Amnesia of her past (over-control) is countered with instrusive, frightening imagery (undercontrol), inappropriate sexual and aggressive urges are countered with a searing pain which comes when touched by another.

Many researchers (Rosenthal, 1978) have noted that feelings of have two selves is a common complaint among patients diagnosed as borderline. Several authors (Brende, 1984) have suggested that the splitting mechanism associated with borderline personality disorders could be the result of a functional dissociation between the cerebral hemispheres, specifically an impairment of the neurotransmission within the corpus callosum. Evidence of right hemisphere lateralization has been linked to unpleasant, intrusive imagery and frightening emotions. Left hemisphere lateralization has been linked with absence of emotion, regulatory control of emotion, hypervigilance and aggressive outbursts. Gellhorn (1967) suggests that dissociation (or switching) between these two sides may result from functional disruption of neurotransmitter communication between each of the hemispheres resulting in selective functioning of characteristics linked to either hemisphere in response to specific control or expressive needs of the whole individual. The result is an oscillating pattern between under-control of intrusive symtoms (such as disturbing emotions and imagery) and over-control of defensive mechanisms such as amnesia, denial and emotional detachment. It is interesting to note that in the battery of neuropsychological tests which Terri completed, the only one to show any sign of disturbance was the dichotomous hearing test, which tests brain lateralization. Using both ears, Terri's comprehension dropped 17 per cent from when either her left or right ear were covered. Her score was borderline significant and some thought was given to having her use an earplug to increase her comprehension of verbally presented material in school.

Terri's split of the power/control amalgam may have a neuropsychological base. On the other hand it may represent an adaptive strategy on her part. For example, many incest victims are torn between the enormous amounts of power they have within their family system, and their inability to control the sexual attentions of the perpetrator. One way of dealing with this contradiction is to simply divide yourself in two. Or, as Kernberg (1975) suggests, the split may be the result of an inability to assimilate "good mother" and "bad mother" introjects into a single internalized parental object. Whatever the etiology, this power/control split becomes mystically unified in her acts of self-mutilation.

An act of self-mutilation requires both the ability to release or lower the normal restraints against injuring oneself (fear of pain, social sanctions) as well as the capacity to control the body's reaction to intense pain (shock response). This requires a simultaneous ability to under-control and over-control the pain response. The mechanism necessary for Terri to accomplish this feat is disassociation through autohypnosis. West (1967) defines dissociation as:

> ...a psycho-physiological process whereby information - incoming, stored or outgoing - is actively deflected from integration with its usual or expected associations...This produces a discernible alteration in a person's feeling, thoughts or actions, so that for a period of time certain information is not associated or integrated with other information as it normally or logically would be. Such an experience may not be considered psychopathological (p. 890).

Terri's autohypnotic trance allows for her power and control needs to be met simultaneously without contradiction, or further escalation of the schismogenic tension. A "plateau of intensity" is reached in the act of self-mutilation. Ludwig (1984) suggests that dissociative or hypnotic states are ideally suited for dealing with basic conflicts which have no immediate means of resolution. "Trance logic" allows for critical judgment to be suspended so that opposites can be equal and contradictions cease to exist. The trance state allows Terri to release her aggressive urges, frustrations, pent-up anger and rage without fear of censure from her controlling ego. The controlling ego's needs are met in her ability to control, manipulate the pain which she seeks in mutilation. Mutilation is at once an act of boundless power and phenomenal control.

This feeling of power and control extends beyond the act itself. Although she performed her acts in private, inevitably she would arrange for her wounds to be uncovered. Her turtleneck would barely cover the neck scratches, her sleeves would be pulled up to expose the lower gashes. She could guarantee that a chain reaction would be set off - her foster mother would call me, I would call my supervisor, my supervisor would call her social worker. Something would be done.

Terri's desire to change the direction of her life always took one of two directions - she either wanted an environment which was all controlling, or an environment which allowed her complete freedom. By turning up the burner on her self-mutilating activities, playing with the possibility of suicide, she could guarantee a transfer to a more secure environment. By turning off her activities, she could win her freedom. It was all very predictable. Her acts of self-mutilation gave her an enormous sense of power and control within herself and within the decision-making circle of professionals deemed responsible for her welfare. The beauty of this system is that it also allowed her to maintain her basic defensive power-control split by simply juxtaposing rather than integrating the two sides of the continua.

Why then, did she stop? Her explanation is that she finally decided that it was "gross". My suspicion is that the sexual abuse framework we presented "normalized" her power and control split by suggesting mutilation was a normal reaction to an abnormal situation. Ross and McKay (1979) also report therapeutic success with a large group of "carvers" in a juvenile detention home in part attributible to depathologizing their activities. Secondly, the focus of our therapy was in empowering her to confront her abuser face to face. She had never confronted her father or mother directly. She entered the sessions with her parents feeling that there would have to be a winner and a loser. She came out with the realization that even if she was not victorious (they didn't fall down and beg for forgiveness) she could assume responsibility for her own life. It was following these sessions that she began to exhibit the self-control and self-responsibility necessary to get herself out of secure treatment. Her first leap was a little too big. The result, a small regression back to her old ways of asking for help. She began spending time in self-hypnotic trances practising hanging herself by tying a rope around her neck. Luckily she had a worker who understood the ploy and demanded that she ask directly to have her needs met rather than using such manipulative ploys. As a result she stated that she needed a place to live which had some built in constraints around which to organize her day. Her request reflected a healthy understanding of the need for a situation in which she could learn to deal with the normal constraints and responsiblities of adolescence.

Ross and McKay (1979) suggest that all self-mutilators are attempting to exercise control over an environment in which they have limited power. (They use the terms in the more traditional sense.) The therapeutic trick, they suggest, is to design a strategy which convinces the mutilator that their act is not one of independence but one of collaboration with the environment and secondly to redirect the power and control elements into into proactive activities.

My first intervention in Terri's case, was to suggest to her that in self-mutilating she was simply continuing her father's assaults. This gave her pause to think and she discontinued briefly. However, this particular intervention was mistimed in that she had no other resources handy to deal with the overwhelming internal conflict which mutilation resolved for her. The treatment of self-mutilators is, in the end, a longterm project. They need to experience the difference between the need to control and feeling empowered, as well as the difference between acting on impulse and being spontaneous.

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